

# MEMBERSHIP APPLICATION

An Equal Opportunity Organization

A Drug Free Organization

## Fort Plain Volunteer Fire Department

Date: \_\_\_/\_\_\_/\_\_\_

PLEASE PRINT

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Are you a resident of the Village of Fort Plain or the Fort Plain Contracted Fire District?  Yes  No

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

POSITION DESIRED:

Firefighter  Fire Police Only

Are you available: Daytime?  Yes  No Evenings?  Yes  No Weekends?  Yes  No

PERSONAL INFORMATION (NY State Law Mandates that all applicants to a volunteer fire department must have an Arson Check done on their name before they can become a member of a fire department.)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Sex:  Male  Female Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Drivers License Info: State: \_\_\_\_\_ Class: \_\_\_\_\_ License ID #: \_\_\_\_\_

Skin Tone:  Light  Medium  Dark Racial Appearance:  White  Black  Am Indian  Japan  China  Other

Do you have any disabilities:  Yes  No If Yes explain: \_\_\_\_\_

Health:  Excellent  Good  Fair  Poor Marital Status:  Single  Married  Separated  Divorced

Spouse's name if married: \_\_\_\_\_

Have you ever applied to this organization?  Yes  No

If yes, when? \_\_\_\_\_

Have you ever been a member of a fire department, rescue squad, or similar organization?  Yes  No

Name and address of organization: \_\_\_\_\_

Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

List all related training you completed:

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In a brief paragraph, state why you wish to join this department, what the department can gain from your membership and what you expect to gain from membership

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Have you ever been arrested, summoned into court as a defendant or indicted, convicted, fined imprisoned, or place on probation, or has any case been filed against you?  Yes  No

If yes explain: \_\_\_\_\_

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Have you ever been ordered to deposit collateral for alleged breach or violation of any order, ordinance, or police regulation whatsoever?:  Yes  No

Have you ever been dismissed or resigned from any position:  Yes  No

If yes explain: \_\_\_\_\_

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**MILITARY SERVICE, EDUCATION, TRAINING AND EXPERIENCE**

**Military Service:**

**Branch:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Date of Service:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of Discharge:** \_\_\_\_\_ **Specialty Field:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Graduated?:**  Yes  No **Date:** \_\_\_\_\_

**College/**

**University:** \_\_\_\_\_ **Graduated?:**  Yes  No **Date:** \_\_\_\_\_

**Vocational/**

Do you have any other experiences, training, qualifications or skills which you feel make you especially suited for this organization? Yes No

If yes, please explain:

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**EMPLOYMENT HISTORY**

Present Employer: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Position and Duties \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_

Position and Duties \_\_\_\_\_

**REFERENCES** (List three people who are not related to you by blood or marriage who are familiar with your education or work experience)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**IMPORTANT NOTICE:**  
**APPLICANT MUST COMPLETELY ANSWER EACH QUESTION OR THIS APPLICATION WILL NOT BE PROCESSED FURTHER**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for membership and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, personally completed this application. I understand that any omission or misstatement of fact on this application or any document used to secure membership shall be grounds for rejection of this application or immediate discharge from the organization, regardless of the time lapsed before. I understand and agree that my acceptance is dependant upon the successful completion of an O.S.H.A. physical (provided by the organization), and completion of the N.Y.S.O.F.P.C Fire Fighter 1 class or Scene Support within one year of membership. I agree to attend meetings, drills and fires, when I am available, unless and excuse is requested. I further agree to follow all By Laws of this organization.

If, without a legitimate excuse, I should not fulfill my obligations to this organization, I shall consider myself automatically resigned from the Organization.

*I have read, understand, and agree with the above.*

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

#### Authorization/Release

I hereby authorize this organization to thoroughly investigate my references, work record, education, criminal and other matters related to my suitability for membership and further, authorize my former employers to disclose to the organization any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demand or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Interviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Arson Investigation Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passed  Yes  No

Interviewed by:  
\_\_\_\_\_  
\_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_