

Dear Applicant,

The members of the Rescue Hose Company No. 1 would like to thank you for your interest in becoming a member of our Fire Company.

Attached you will find your application for membership. It is important that the application is filled out **completely**. Failure to do so may result in the application being returned to you and therefore delaying your becoming a member.

If you should have questions regarding any category on this application please contact the Fire Chief or any officer of the organization.

Thank you again for showing an interest and good luck.

**APPLICATION FOR MEMBERSHIP FOR THE
RESCUE VOLUNTEER HOSE CO. NO. 1**

WALDEN FIRE DISTRICT NO. 2

Rev E 05/17

NAME _____ DATE _____

ADDRESS _____

TOWN/STATE/ZIP _____

TELEPHONE(home/cell) _____ cell phone provider -ex. Verizon, ATT, etc. _____

SS# _____ U. S. CITIZEN - Yes _____ No _____

HEIGHT _____ WEIGHT _____ Scars, Marks, Tattoos _____

PLACE OF BIRTH (INCLUDE CITY, COUNTY, STATE) _____

EMAIL ADDRESS _____

How long have you resided at the above address? Years _____ Months _____

How long have you resided in New York State? Years _____ Months _____

Date of Birth _____ (submit a copy of your birth certificate). Age _____ Is information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes _____ No _____ If yes, explain. _____

(You must be at least 18 years of age, those under 21 must have one parent sign as a witness)

(The following information is required to complete an arson background investigation).

Race – White _____, Black _____, Am. Indian _____, Japan _____, Chin. _____, Other _____

Complexion – Light _____, Medium _____, Dark _____.

Are you currently employed? Yes _____ No _____ If yes, give employer information below. May we contact your employer as a reference? Yes _____ No _____

Name of employer _____

Address _____

Telephone _____ Contact person _____

List 5 previous employers starting from the most recent:

Name _____

Address _____

Telephone _____ Contact person _____

Term of employment (from) _____ (to) _____

Name _____

Address _____

Telephone _____ Contact person _____

Term of employment (from) _____ (to) _____

Name _____
Address _____
Telephone _____ Contact person _____
Term of employment (from) _____ (to) _____

Name _____
Address _____
Telephone _____ Contact person _____
Term of employment (from) _____ (to) _____

Name _____
Address _____
Telephone _____ Contact person _____
Term of employment (from) _____ (to) _____

List all previous address's you lived at over the past 10 years.

Address _____ City/Town Village _____
State _____ Dates resided from _____ to _____

Address _____ City/Town Village _____
State _____ Dates resided from _____ to _____

Address _____ City/Town Village _____
State _____ Dates resided from _____ to _____

Address _____ City/Town Village _____
State _____ Dates resided from _____ to _____

Address _____ City/Town Village _____
State _____ Dates resided from _____ to _____

Address _____ City/Town Village _____
State _____ Dates resided from _____ to _____

Do you have a valid New York State Drivers License or CID? Yes ___ No ___
List class _____ and ID# _____

Please indicate your availability to participate in normally required fire department activities (meeting, drills and emergency calls).

Check available time periods:

Weekdays - Days ___ Evenings ___ Midnights ___

Weekends - Days ___ Evenings ___ Midnights ___

List any previous emergency service experience (include only fire, police, and emergency medical service agencies)

Name of Agency _____
Address _____
Telephone _____ Contact person _____

Name of Agency _____
Address _____
Telephone _____ Contact person _____

Did you attend college? Yes ___ No ___ If yes, where?
Name _____
Address _____
Credit hours completed _____ Course of study _____

Did you graduate from High School? Yes ___ No ___ If yes, where/when?
Name _____ What year _____
Address _____

List any special schools or skills you have that may be relevant to the position you are applying for: _____

Have you ever been a member of the United States Armed Forces?
Yes ___ No ___ If yes, did you receive a dishonorable discharge?
Yes ___ No _____. (a dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision. If the above answer is yes, give complete details in the space provided for additional information on page three, include service branch and dates.)

Have you ever been arrested? Yes _____ No _____
If yes, list all arrests by date arrested, for what charge, and what agency

Have you ever been convicted or plead guilty to any felony or misdemeanor, or a reduction of any offense? Yes ___ No _____. If yes, give details on page five.

List any previous medical/physical problems. _____

Do you have any physical condition or have you been treated by a physician for any physical condition within the past 12 months that would prevent you from being an active volunteer firefighter _____ (if yes give details on page three)

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physicians will provide you with a free medical examination. Will you be willing to undergo a medical examination?
Yes _____ No _____

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED OR OBTAINED HEREIN REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

IN WITNESS WHEREOF, this application has been subscribed this _____ day of _____, in the year _____, by the undersigned applicant who affirms that the statements made herein are true under penalties of perjury.

Applicants Signature _____ Date _____

Witnessed by _____ Date _____

Office use Only - Date screened _____
Date of membership _____
Date left company _____

Applicant's Authorization for Release of Information

In order to confirm the information I have supplied on my application for membership with the Rescue Volunteer Hose Co. No. 1. I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Rescue Volunteer Hose Co. No. 1/Walden Fire District No. 2, whether the information be of public, private or confidential nature: and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, or copy of same, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Applicant's names (print) _____

Applicants Signature _____ Date _____

Witnessed by:

Name and title (print) _____

Signature _____ Date _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information, which will be maintained in a record system, is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law,

The information obtained will:

- Be used to determine your qualifications for the position for which you are applying:
- Be released to the Fire Chief and your potential supervisors: and
- Be maintained in your personal file (if you become a fire company member) or in our resume file for 12 months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by the Board of Fire Commissioners of the Walden Fire District No. 2 located at 20 Pine Ridge Rd. Cheektowaga, New York 14211, Telephone No. (716) 897-1176

I _____ have read and understood the preceding information and would like to continue the application process for the Rescue Volunteer Hose Co. No. 1/Walden Fire District No. 2.

Signature _____ Date _____

Witnessed by: _____ Date _____