



Fishers Volunteer Fire Association
PO Box 397
Fishers, New York 14453
585-924-3451
Fax 585-924-5397
www.fishersfd.org

APPLICATION FOR VOLUNTEER FIREFIGHTER

Qualified applicants are considered without regard to race, color, creed, sex, national origin, age, marital or veteran status

(Please Print)

Date _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt.)

3. _____
(City, Town, Village) (State) (Zip)

4. What is your date of birth? _____ What is your Social Security Number: _____

5. Phone number(s): Day _____ Evening _____ Cell _____

6. E-mail addresses: _____

7. Do you have a social networking page? (MySpace, Facebook, etc) _____

8. How long have you resided at the above address? Years: _____

9. How long have you resided in New York State? Years: _____

10. Is additional 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", please explain below:

11. Are you currently employed? Yes ___ No ___

If "Yes" give employer information below. May we contact your employer as a reference? Yes ___ No ___

Name of Company _____

Address _____ Telephone _____

Supervisor's Name: _____



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12. Do you have a valid New York State Drivers License? Yes ___ No ___

If "Yes" please indicate the following: License number: _____

License Class: _____ Expiration Date: _____

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

Please check the appropriate time periods:

Week Days:

Days ___ Evenings ___ Nights ___

Weekends:

Days ___ Evenings ___ Nights ___

14. Do you have any previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies) Yes ___ No ___

Name of Agency _____

Address _____

Contact Person _____ Telephone _____

Dates of service: _____ What was your reason for leaving? _____

15. Have you ever been a member of the United States Armed Forces? Yes ___ No ___

If the answer is "Yes", in which branch did you serve? _____

What kind of discharge did you receive? _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision. If the above answer is "Yes", give complete details in the space provided for additional information on the last page (include service dates).

16. Education years completed _____ Diploma/Degree _____
Specialized training or skills _____



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17. Have you ever been convicted of a crime (not including traffic infractions)? Yes ___ No ___
If "Yes" give details on the attached sheet.

18. Please list three personal references, other than members of your family or this organization, who have known you for at least three years.

A. Name: _____ Tel. # _____

Address: _____

B. Name: _____ Tel. # _____

Address: _____

C. Name: _____ Tel. # _____

Address: _____

19. Are you a citizen of the United States? Yes No

If No, what country are you a citizen in? _____

If No, do you possess an Alien Registration Card? Yes No

20. Please list the names of any acquaintances or family members that are members of this organization:

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

22. Do you have any physical, mental or medical impairment or disability that would limit your job performance?

Yes No

If the above answer is "Yes", give complete details in the space provided for additional information on the last page.



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PRIVACY NOTIFICATION

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

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY OF _____, BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE _____

DATE _____

WITNESSED BY _____

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 that will be maintained in a record system is collected from you.

The authority to request and confirm personal information on 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 an Association 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 Secretary of the Fishers Volunteer Fire Association, PO Box 397, Fishers, New York, 14453.



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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Fishers Volunteer Fire Association, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employees, and the military services to disclose their relevant records about me to the Fishers Volunteer Fire Association, 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, 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 Name
(Please print)

Applicant Signature

Date

Witnessed by:

Name (Please print)

Title

Signature

Date



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DISCLOSURE NOTICE TO APPLICANTS/EMPLOYEES
REGARDING CONSUMER REPORTS

In connection with your application for employment or contract services, the Fishers Fire District may obtain information about you from a consumer reporting agency. A consumer report and/or an investigative consumer report may be requested, including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies.

A consumer report and/or an investigative consumer report may be obtained at any time during the application process and if hired, during your continued employment with the Fishers Volunteer Fire Association. A consumer report containing injury and/or medical information may be obtained after tentative offer of employment has been made. You have the right, upon written request made and after receipt of this notice, to request a disclosure of the nature and scope of the investigative consumer report.

Before any adverse action is taken, based in whole or part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

I have read and acknowledge receipt of the above notice:

Printed Name: _____

Signature: _____

Address: _____

Date: _____

(Must be signed no more than 90 days prior to receipt of consumer report request)

Social Security #: _____

Date & State of Birth: _____

Drivers License #: _____

Witness: _____

