

MEMBERSHIP APPLICATION

NEWSTEAD FIRE COMPANY

5691 CUMMINGS RD, AKRON, NEW YORK 14001

PHONE: (716) 542-5337 FAX: (716) 542-3427

Serving Since 1947

A 100% Volunteer Organization

TYPE OF MEMBERSHIP

Full Firefighter _____ EMS only _____ Fire Police only _____ Administrative only _____

PERSONAL INFORMATION

1. _____
Last Name _____ First Name _____ M.I. _____
2. _____ Sex: _____ SSN #: _____
Maiden Name, Alias or Nickname _____ M or F _____
3. Place of Birth: _____ Height: _____ Weight: _____
City and State _____ Feet – Inches _____ lbs _____
4. Are you eighteen (18) years of age or older? Yes _____ No _____
5. Do you have a valid Driver's License? _____ License #: _____ State: _____ Class: _____
6. Are you a legal resident of the United States of America? Yes _____ No _____
7. Current Address: _____
Number and Street _____ Apt./Suite No. _____

Town/Village _____ State _____ Zip Code _____
8. How long have you resided at the above address? Years _____ Months _____
How long have you resided in New York State? Years _____ Months _____
9. Telephone: Home: () _____ Cell: () _____
Work Phone: () _____

10. Email: _____

11. Can you perform the functions of this job with or without reasonable accommodation? _____
Y/N

12. Availability: Please indicate your availability to participate in normally required Fire Company activities. (calls, meeting, training, etc.)
Please check all appropriate time periods which you would normally be available:

Monday – Friday: Days _____ Evenings _____ Nights _____

Saturday – Sunday: Days _____ Evenings _____ Nights _____

13. Employer: **If unemployed, please state so on 'Occupation' line. If unemployed and in school/college, please skip to #14.

Occupation: _____

Duties: _____

Company Name: _____

Address: _____

Number and Street

Apt./Suite No.

Town/Village

State

Zip Code

Telephone: () _____

Time with current employer: Years _____ Months _____

Working Hours: _____

May we contact your employer as a reference? Yes _____ No _____

If Yes, Contact Name: _____ Title: _____

14. Education: Please indicate the highest level of education completed/currently in:

Grade School _____ High School _____ Some College _____ College Degree _____

Current School: _____

Graduate Degree: _____

Trade School Degree: _____

15. Previous Experience:

Complete the following ONLY if you have any previous experience with an Emergency Services Provider (fire, rescue, police, EMS)

Name of Agency: _____

Address: _____
Number and Street Apt./Suite No.

_____ Town/Village State Zip Code

Years of Service: _____ Contact Person: _____

*If previous experience with more than one agency, please attach more information to back of this application.

16. Training:

List any training, education, certifications, classes and/or courses that you have completed that relate directly to Emergency Services.

17. Military Experience:

Have you ever been a member of the United States Armed Forces or National Guard?

Yes ___ No ___ Service Branch _____ Service Dates _____

Reserve Status: _____

Did you receive and honorable discharge? Yes _____ No _____

18. Background:

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses?

Yes _____ No _____

Do you have any pending arrests? Yes _____ No _____

If Yes, please give complete details below:

19. References: List two (2) personal references **within** the Newstead Fire Company:
Name: _____
Name: _____

List two (2) personal references, **other than members** of this organization, not related to you, who have known you for at least three (3) years:

Name: _____ Phone: () _____

Address: _____

Name: _____ Phone: () _____

Address: _____

20. Physical: All applicants must pass a physical examination upon membership acceptance. The Newstead Fire Company's designated health care provider must perform this medical examination. The Newstead Fire Company will pay the cost of this medical examination.
Do you agree to undergo this medical examination? Yes _____ No _____

21. Additional Information: Please list any additional information about yourself or your interests that you feel would be relevant in consideration for yourself for membership in the Newstead Fire Company:

I certify that the statements made by me on this membership application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I have knowingly made a misstatement of these facts, I am subject to rejection and/or removal as a member of the Fire Company. I further understand that if I knowingly made any false statement regarding my criminal history, I will be liable for the cost of the Company's physical and any firefighter classes taken.

Applicant Signature

Date of Application

APPLICANT'S AUTHORIZATION FOR RELEASE INFORMATION

In order to confirm the information that I supplied on this application for membership with the Newstead Fire Company, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and military service to disclose their relevant records pertaining to me to the Newstead Fire Company whether the information be of public, private, or confidential nature. Thus, I release the aforementioned agencies, companies, services, and institutions from any liability and responsibility from disclosing any relevant records.

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's Name (Please Print) Applicant's Signature Date

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 hereof, this application has been subscribed this _____ day of _____, 20____ by the undersigned applicant who affirms that the statements made herein are true under penalty of perjury.

Applicant's Name (Please Print) Applicant's 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:

- 1) The authorization to request and confirm personal information about you is found in Article 6 of the Executive Law.
- 2) The information obtained will:
 - a. Be used to determine your qualifications for the position for which you are applying.
 - b. Be released to the Fire Chief, President, and Executive Committee members.
 - c. Be maintained in your personal file permanently if you become a Fire Company member, or for an appropriate period of time, as determined by the Fire Company Executive Board, if you do not become a Fire Company member.
- 3) Failure to provide the information or authorization will result in dismissal of your application for membership.

APPLICATION FEE

A \$5.00 application fee must accompany this application. Please submit a check or cash. Checks must be made payable to the Newstead Fire Company.

FOR FIRE COMPANY USE ONLY

APPLICATION SUBMISSION

Date Received: _____ Received By: _____

\$5.00 application fee received: Cash _____ Check _____ Date _____

Arson Background Check: Pass _____ Fail _____

APPLICANT MET WITH

Name	Title	Date
Name	Title	Date
Name	Title	Date

EXECUTIVE BOARD

Application read at Executive Board meeting on the _____ day of _____, 20_____

The Executive Board recommends that the applicant be: Approved _____ Rejected _____

REGULAR COMPANY MEETING

Application brought to regular Fire Co. meeting on the _____ day of _____, 20_____

Regular Body Vote Count: For Acceptance _____ For Rejection _____

Application result: Accepted _____ Rejected _____

Member shall be on a 6-month probationary period, ending: _____ / _____ / _____
Day/Month/Year

MEMBERSHIP TERMINATION

Membership Termination Date: _____ / _____ / _____
Date/Month/Year

Reason for Termination: _____
