



# Victor Fire Department

## APPLICATION FOR MEMBERSHIP

Date\_\_\_\_\_

### 1. PERSONAL INFORMATION:

\_\_\_\_\_  
(Last Name) (First Name) (M.I.)

A. Are you over 16 years of age? \_\_\_\_\_

B. Drivers License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Class of License: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

C. Are you a U.S. citizen? \_\_\_\_\_

D. List all other names by which you have been known: (i.e. maiden name)

\_\_\_\_\_  
E. Please attach a copy of drivers license and any other certifications or licenses with this completed application

### 2. ADDRESS:

\_\_\_\_\_  
(Address) (Apt.)

\_\_\_\_\_  
(City, Town, Village) (State) (Zip)

How long have you lived at your current address? \_\_\_\_\_

A. List Any Previous Addresses In The Last Five (5) Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. CONTACT INFORMATION:

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**4. EDUCATION**

Name of School	Dates	Course of Study	Graduated

(use additional sheet – if necessary )

**5. EMERGENCY SERVICES EXPERIENCE: (Fire-Rescue, Police or EMS)**

A. Name of Agency\_\_\_\_\_

Address\_\_\_\_\_

Contact Person\_\_\_\_\_ Telephone\_\_\_\_\_

What were your dates of service:\_\_\_\_\_

What was your reason for leaving?\_\_\_\_\_

B. Name of Agency\_\_\_\_\_

Address\_\_\_\_\_

Contact Person\_\_\_\_\_ Telephone\_\_\_\_\_

What were your dates of service:\_\_\_\_\_

What was your reason for leaving?\_\_\_\_\_

(use additional sheet – if necessary )

**6. EMPLOYMENT HISTORY:**

A. Chronologically list your employment history for the last ten (10) years...include part-time, summer and list any periods of unemployment.

Name and Address of employer	Dates	Duties	Immediate Supervisor	Reason for Leaving
A. (Present Job)				
B.				
C.				
D.				

(use additional sheet – if necessary)

May we contact your present employer? ( \_\_\_\_ ) No ( \_\_\_\_ ) Yes

**7. MILITARY RECORD:**

A. Have you ever served on active duty in the Armed Services? ( ) No ( ) Yes

B. If yes, please indicate the following:

Branch \_\_\_\_\_ Last Rank \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Member of Reserves? ( ) No ( ) Yes Branch \_\_\_\_\_

Member of National Guard ? ( ) No ( ) Yes Unit \_\_\_\_\_

**8. COURT RECORD:**

List all convictions for criminal or traffic violations (except parking tickets) Use additional sheet if needed.

Date	Agency	Charge	Disposition	Comments

**9. REFERENCES:**

Please list three personal references, **other than members of your family or this organization**, who have known you for at least FIVE years and are residents of Ontario County (where possible).

A. Name: \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

References Occupation or Business \_\_\_\_\_

Number of years known \_\_\_\_\_

B. Name: \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

References Occupation or Business \_\_\_\_\_

Number of years known \_\_\_\_\_

C. Name: \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

References Occupation or Business \_\_\_\_\_

Number of years known \_\_\_\_\_

**10. AVAILABILITY**

A. Please indicate your availability to participate in normally required activities (meetings, drills, and emergency calls).

Please check the appropriate time periods:

Week Days: Days\_\_\_\_ Evenings\_\_\_\_ Nights\_\_\_\_

Weekends: Days\_\_\_\_ Evenings\_\_\_\_ Nights\_\_\_\_

**11. MEDICAL CLEARANCE:**

A. Firefighter candidates must pass a required physical examination before becoming a member. A designated physician will provide you with a free medical examination.

Will you be willing to undergo a medical examination, including urinalysis? Yes\_\_\_\_ No\_\_\_\_

**12. SPONSORS:**

A. Sponsors (1 recommended)

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. PREVIOUS BACKGROUND INVESTIGATIONS:**

A. Have you had a previous background investigation for another department, employment, or other reason (i.e. pistol permit)?

Yes\_\_\_\_ No\_\_\_\_ Type of Background Investigation\_\_\_\_\_

B. If "Yes" to A., have you ever received an unfavorable result from a background investigation? Yes\_\_\_\_ No\_\_\_\_

C. If "Yes" to B., please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR MEMBERSHIP ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **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 \_\_\_\_\_, 20\_\_ 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 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 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



**AUTHORIZATION FOR RELEASE OF FAMILY COURT RECORDS**

I \_\_\_\_\_ , hereby authorize a member of the Ontario County Sheriff's Office to access all pleadings, orders, decrees, and other documents pertaining to myself that are contained in the records of the Family Court for the purpose of conducting an investigation pursuant to my application for membership to the Victor Fire Department.

I understand the records and information disclosed pursuant to this authorization will be retained as confidential and may not be released except as necessary for the investigation pertaining to my membership.

Your signature affixed hereto must be witnessed.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Title of Witness \_\_\_\_\_

## ADDITIONAL INFORMATION FOR MEMBERS AGED 16 & 17 AT TIME OF APPLICATION

Any person ages 16 or 17 years, applying for membership with the VFD Protectives Company, shall comply with the following:

1. For your initial interview with the department, a parent or legal guardian must be present.
2. You will follow all by-laws and standard operating guidelines (SOG).
3. You will comply with all training requirements to maintain status as an active firefighter.
4. You will have a parent or legal guardian's consent and signature.

### While a member of the Protectives, you WILL NOT:

1. Drive any fire department vehicles.
2. Enter any burning structure; except in training, following nationally recognized procedures and under strict supervision.
3. Leave school or miss any school due to any Fire Department alarms or functions.
4. Respond to any call after 10:00 pm, prior to a school day.
5. Enter or remain in the fire house, without supervision of an active adult member of the fire department.

I have read and understand the above restrictions, and that they will remain in effect until I pass my 18<sup>th</sup> birthday and have been transferred out of the Protective Company.

Applicant's signature: \_\_\_\_\_

### Parent/Guardian Authorization

I agree to allow my child to join the Victor Fire Department, Inc. Protectives Company. This program has been described to me and I am familiar with the rules, restrictions, and termination policy. I acknowledge my child will be supervised at all times by a member of the Victor Fire Department. I agree my child shall not be allowed to participate in this program if their grades drop below a passing average in any grading period. I understand it is my responsibility to notify the Victor Fire Department, Inc. if this situation occurs. I authorize the release of any photographs of my child in uniform or on duty.

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(Signature of Parent/Guardian)

(Date)

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(Witnessed by Signature)

(Date)

*Witness must be a sworn officer of VFD (Chief Officer or Captain)*

I hereby signify that this application is made with my knowledge and consent.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_