



VICTOR FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

Date _____

1. PERSONAL INFORMATION

(Last Name)

(First Name)

(M.I.)

A. Date of Birth: _____

B. Driver's License Number: _____

Issuing State: _____

Class of License: _____

Expiration Date: _____

B. Are you a U.S. citizen? Yes No

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.)

(Town)

(State)

(Zip)

A. How long have you lived at your current address? _____

B. List Any Previous Addresses in The Last Five (5) Years:

3. CONTACT INFORMATION

(Home Phone)

(Cell Phone)

(Email Address)

4. EDUCATION

Name of School	Dates	Course of Study	Graduated?

5. EMERGENCY SERVICES EXPERIENCES (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: _____

6. EMPLOYMENT HISTORY

A. Chronologically list your employment history for the last ten (10) years, including part-time or summer

Name & Address of Employer	Dates	Position	Supervisor	Reason left?

B. May we contact your present employer? Yes No

7. MILITARY SERVICE

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

B. If yes, please indicate the following:

Branch: _____ Last Rank: _____

Dates of Service: _____ Type of Discharge: _____

Member of Reserves? Yes No Branch: _____

Member of National Guard? Yes No Unit: _____

8. COURT RECORD

List all convictions for criminal or traffic violations (except parking tickets).

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.

A. Name: _____ Number of years known: _____

Address: _____

Best Telephone Number: _____

References' Occupation or Business: _____

B. Name: _____ Number of years known: _____

Address: _____

Best Telephone Number: _____

References' Occupation or Business: _____

C. Name: _____ Number of years known: _____

Address: _____

Best Telephone Number: _____

References' Occupation or Business: _____

10. AVAILABILITY

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

Please check if generally available:

Week Days:	Days	Evenings	Nights
Weekends:	Days	Evenings	Nights

11. MEDICAL CLEARANCE

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. FAMILIARITY OF VFD MEMBERS

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:

13. ADDITIONAL INFORMATION OR COMMENTS ON ITEMS ABOVE

14. SIGNATURES AND AGREEMENTS

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's Signature) (Date)

(Witnessed By 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 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

Application Continues

APPLICANT'S AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review and full disclosure of records concerning myself to the Victor Fire Department, the Ontario County Sheriffs Office and designated persons working on their behalf, whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility from doing so.

The intent of this authorization is to give my consent for full and complete disclosure of records of all licensing agencies, educational institutions, and law enforcement agencies. This consent authorizes the release of any of my criminal records from any court, including records of Family court and juvenile records.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for membership in the Victor Fire department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Victor Fire Department, and the Ontario County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE AS VALID AS AN ORIGINAL THEREOF, EVENTHOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL SIGNATURE.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

(Applicant's Signature)

(Date)

(Witnessed By Signature)

(Date)

APPLICANT’S 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.

(Applicant’s Signature)

(Date)

(Witnessed By Signature)

(Date)

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

Any person ages 16 or 17 years, applying for membership with the V.F.D. 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 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 18th birthday and have been transferred out of the Protectives 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.

(Signature of Parent/ Guardian)

(Date)

(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: _____