



**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: \_\_\_\_\_

