



Albion Fire Department, Inc.

106 Platt Street

Albion, NY 14411

APPLICATION FOR ACTIVE MEMBERSHIP

***This Application must be accompanied by a \$10.00 Initiation Fee & \$10.00 for Dues*
(Please Print)**

NAME: (First) (Middle Initial) (Last)

CURRENT ADDRESS: (Street) (City) (State) (Zip Code)

AREA CODE – TELEPHONE NUMBER – CELL AREA CODE – TELEPHONE NUMBER - HOME

DRIVERS LICENSE I.D. NUMBER CLASS STATE EXPIRATION DATE

EMAIL ADDRESS ADDITIONAL SOCIAL MEDIA CONTACT

APPLICANT MUST ANSWER ALL OF THE FOLLOWING QUESTIONS

- 1.) Are you a legal resident of the United States? Yes _____ No _____
- 2.) Are you 18 years of age or older? Yes _____ No _____ If not, state your age: _____
- 3.) How long have you resided at the above address? Years _____ Months _____
- 4.) How long have you resided in New York State? Years _____ Months _____
- 5.) Do you possess a valid N.Y.S. license: Yes _____ No _____
- 6.) Do you have reliable transportation to get to the fire station? _____
- 7.) Have you ever been convicted of Arson or attempted arson in any degree: Yes _____ No _____
- 8.) Have you ever been convicted of an offense requiring registration as a sex offender: Yes _____ No _____
- 9.) Do you have any pending arrests: Yes _____ No _____

Previous Address: List previous address if you resided at the above address less than 5 years.

Number and Street

Apt./Suite No.

Town/Village

State

Zip Code

Military Have you ever been a member of the United States Armed Forces? Yes _____ No _____

Service: If the answer is “Yes” complete the following:

<u>Service Branch</u>	<u>Service Dates</u>
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Did you receive an honorable discharge? Yes_____ No_____

If you answered “No” give complete details regarding your military discharge below:

Education: Indicate the highest-grade level of education completed:

Grade School _____ High School _____ College _____

State degree or certificate awarded:

Employer: Company Name:

Address:

Telephone: () _____ Fax: () _____

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

If Yes, Contact Name: _____ Title: _____

Please indicate your availability to participate in Fire Department activities:
(emergency calls, meetings and training)

Monday through Friday: Days_____ Evenings_____ Nights_____

Saturday and Sunday: Days_____ Evenings_____ Nights_____

Previous Experience: Complete the following only if you have any previous experience with an emergency service provider (include fire, rescue, police, and emergency medical services).

Name of Agency:

Address:

Training: List any training, education, and/or courses that you have completed that directly related to emergency services.

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_____

If you answered “Yes” give complete details below:

List three personal references, other than members of this organization, who have known you for at least 3 years.

Name: _____	Telephone: _____
Address: _____	Relationship: _____

Name: _____	Telephone: _____
Address: _____	Relationship: _____

Name: _____	Telephone: _____
Address: _____	Relationship: _____

List the names of any acquaintances that are members of the Albion Fire Department:

Physicals: Applicants must pass a physical examination to determine if they are fit for duty and may be required to undergo testing for illegal or controlled substances. All physicals will be conducted by a physician designated by the Fire District and Chief of the Department to ensure they are in accordance with OSHA. The Albion Joint Fire District will pay the cost of the medical examination. Do you agree to undergo this medical examination? Yes _____ No _____

Additional

Information: List any additional information about yourself or your interests that you feel would be relevant in the consideration of yourself for membership in the Albion Fire Department:

Within the Freedom of information law, all information contained or obtained herein will remain confidential and will be used for only internal membership processing.

Knowingly making a false written statement is a crime and punishable under NYS Penal Law §210.45

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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 records system, is collected from you.

- (1) The authority to request and confirm personal information about you is found in Article 6 of 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 of the Albion Fire Department, Inc.
 - (c) Be maintained in your personal file permanently if you become a Fire Department Member or for an appropriate period of time (as determined by Fire District) if you do not become a member.
- (3) Failure to provide the information or authorization will result in dismissal of your application for membership.

FOR FIRE DEPARTMENT USE ONLY

Date Received: _____

Received By: _____

FIRST READING

Application read at the Albion Fire Department regular meeting of: ____ / ____ / 20____

INTERVIEW

Applicant interviewed by the Albion Fire Department Investigation Committee: ____ / ____ / 20____

The Albion Fire Department Investigation Committee recommend that the applicant be: Approved ____
Rejected ____

This recommendation concurred by a majority of the following :

SECOND READING / MEMBERSHIP VOTE

Application voted on by secret ballot at The Albion Fire Department regular meeting of ____ / ____ / 20____

Record of Ballot: For Acceptance ____ For Rejection ____

Witnessed By:

Title Title Title

Applicant notified of initial approval / disapproval: Date ____ / ____ / 20____

PHYSICAL EXAMINATION

Date of Examination: ____ / ____ / 20____ Approved as fit for firefighting duty ____

Rejected as not fit for firefighting duty ____

APPROVED FOR PROBATIONARY FIREFIGHTER STATUS

Yes ____ No ____ Date: ____ / ____ / 20____

Applicant notified of final approval / disapproval: Date ____ / ____ / 20____

MEMBERSHIP TERMINATION

Membership termination date: ____ / ____ / 20____

Reason for Termination: _____

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information, I supplied on this application for membership with the Albion Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and the military service to disclose their relevant records pertaining to me to the Albion Fire Department whether the information be public, private or confidential in 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.

Knowingly making a false written statement is a crime and punishable under NYS Penal Law §210.45

Date of Birth

Social Security Number

Applicant's Name (Please Print)

Applicant's Signature

Date