

Vails Gate Fire Department Membership Application

P.O. Box 173
Vails Gate, New York 12584

NAME: _____

I. PERSONAL DATA

1. Your full name:
2. _____ LAST _____ FIRST _____ MIDDLE

Social Security Number: _____ - _____ - _____

2. Have you ever been known by any other name?

No Yes (If yes, give that name and reason for using that name (marital?))

3. Present Address: _____
STREET TOWN/CITY

COUNTY STATE

DATE RESIDENCE COMMENCED

4. Your telephone numbers:

Home - _____ Work - _____
Cellular - _____ Pager - _____

Hours available: Home - _____ Work - _____

5. Physical characteristics: Height: _____ Weight: _____

Sex: M F

Eye Color: _____ Hair Color: _____

6. Date of birth: _____

7. Are you a United States citizen? Yes No

If other than native-born, give details:

II. CONVICTIONS AND JUDICIAL PROCEEDINGS

Criminal: Have you ever had any prior convictions? Yes No

Please include traffic offenses, juvenile delinquency, youthful offenders or adjudication, if yes, list below

| DATE | CHARGE | COURT | POLICE AGENCY | DISPOSITION |
|------|--------|-------|---------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. Are there now pending against you, any proceedings or charges involving any violation of the law?

No Yes (If yes, give details):

3. Complete the information below concerning driver's license and vehicle registrations issued to you:

| NUMBER | STATE | DATE ISSUED | PLATE # | TYPE/CLASS | DATE EXPIRES |
|--------|-------|-------------|---------|------------|--------------|
| | | | | | |
| | | | | | |

III. EMPLOYMENT AND EXPERIENCE

A. Civilian

1. List all employers for whom you have worked for the past 3 years starting with your present or more recent.

| FROM | TO | EMPLOYER | ADDRESS | PHONE NUMBER | SUPERVISOR | REASON FOR LEAVING |
|------|----|----------|---------|--------------|------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

2. Have you ever applied for membership or been a member with another Fire Department ?

No Yes (If yes, give details):

| DATE | LOCATION | POSITION | RESULTS |
|------|----------|----------|---------|
| | | | |

3. Do you hold, or have you ever held, a pistol permit or any similar authorization to carry a firearm?

No Yes (If yes, give details):

| DATE ISSUED | ISSUING AUTHORITY | CERTIFICATE NUMBER |
|-------------|-------------------|--------------------|
| | | |

B. Military

1. Have you served or serve in the armed forces or reserve units of the United States

No Yes

2. If you had / have military service, what was or is your rank?

3. Have you ever received a discharge or separation from the military service which Was less than honorable?

No Yes (If yes, give details):

IV. EDUCATIONAL QUALIFICATIONS

1. What is your highest level of education?

| FROM | TO | NAME | LOCATION | TYPE OF DEGREE |
|------|----|------|----------|----------------|
| | | | | |
| | | | | |
| | | | | |

2. Do you possess a fluency in any foreign language?

No Yes (If yes, give details):

| LANGUAGE | SPEAK | READ | WRITE |
|----------|-------|------|-------|
| | | | |
| | | | |

V. MEDICAL HISTORY

1. Do you use, or have you used, any narcotic preparation, barbiturates, sleeping pills, Marijuana, psychedelics, or been addicted to the use of alcoholic substances?

___ No ___ Yes (If yes, give details):

2. List below the details concerning any medical examination or treatment that you have or requested, for any major or minor illness, nervous or mental disorder, injury of physical defect and also any doctor, hospital or clinic that has or may still have your medical records.

| DATE | PURPOSE OF EXAMINATION, TREATMENT OR CONDITION | PHYSICIAN'S NAME / ADDRESS |
|------|--|----------------------------|
| | | |
| | | |
| | | |

3. Have any of the above listed conditions ever impaired your ability to function in any employment or educational setting?

___ No ___ Yes (If yes, give details):

4. List below the details concerning collection by you of any benefits due to any injury or illness, such as worker's compensation, disability payments, Social Security, etc.:

| FROM | TO | TYPE OF ASSISTANCE | REASON FOR RECEIPT |
|------|----|--------------------|--------------------|
| | | | |
| | | | |
| | | | |

5. Have you ever had an application for such benefits rejected or refused?

___ No ___ Yes (If yes, give details):

VI. GENERAL INFORMATION

1. List below the information requested concerning persons who can attest to your Character, your integrity, and your fitness for the position. (MUST HAVE AT LEAST TWO, DO NOT INCLUDE PRESENT OR PAST EMPLOYERS OR RELATIVES):

| NAME | ADDRESS | PHONE NUMBER | Relationship to applicant |
|------|---------|--------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

2. Do you have any knowledge or information of any circumstances, condition or Qualification, other than what has been requested in the foregoing questions Which may affect or be relevant, directly or indirectly, to an assessment of your Character, maturity, integrity, temperament, fitness, qualification, or eligibility for Appointment to the position of FIRE OFFICER including, but not limited to: Your character, physical or mental condition, use of alcohol or drugs, habits, Employment history, experience, education, subversive activities or affiliations, Family associations, criminal record, traffic violations, residence or otherwise?

No Yes (If yes, give details below or on a separate page)

All the information provided in this application is true and I recognize that a false statement made by me herein will automatically result in the denial of my application for membership.

Signature: _____ Date: _____

Consent for Disclosure

I, _____ give the Investigating Officer(s) of the Vails Gate Fire District and/or Vails Gate Fire Company my consent to make inquiries of my employers, neighbors, police agencies and insurance carrier while conducting an investigation of my character, past record and responsibility.

Signature of Applicant _____ Date _____

BOARD OF REVIEW SIGNOFF

| NAME | SIGNATURE | Approve / Disapprove | DATE |
|----------------------------------|-----------|----------------------|------|
| President | | | |
| Vice President | | | |
| Trustee | | | |
| Chief / Officer other than Chief | | | |
| Chairman Board Of Review | | | |