

Niverville Fire Department Inc.

P.O. Box 422
Niverville, New York 12130
(518)-784-3300



Revised May 24, 2011

Dear Applicant,

The intent of this procedure is to ensure that each application for active membership with the Niverville Fire Department Inc. is processed identically. This process also allows the Department to determine that each candidate complies with New York State Law, OSHA requirements, and all other regulating laws, rules, and regulations.

Any person choosing to seek active membership in the Niverville Fire Department, Inc., will be required to follow this application procedure.

The application, in-person interview of the applicant, and reference checks will all be used to determine if the candidate will be able to meet the demands of membership and uphold the integrity of this Department.

After the application process, the application may be presented to the membership of the Department for voting. Applicants will not be issued equipment or be allowed to participate in Department activities until they have been successfully voted in as probationary members and completed a physical examination. Thank you for showing interest in joining the Niverville Fire Department Inc. and for wanting to become an important part of your community's volunteer fire protective services.

Note: Failure to provide information as requested on the application, failure to complete any part of the application, or failure to authorize release of information shall result in denial of the application.

Sincerely,
The Niverville Fire Department Inc.

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Mission Statement

It is the mission of the Niverville Fire Department to protect the lives and property of the citizens of the Niverville Fire District, and our mutual aid response areas through fire suppression, fire protection, rescue services, emergency management, and other public safety programs against all hazards, be they natural or man made. We shall assist other emergency services agencies in a subordinate role for hazardous materials mitigation, water rescue, search & rescue, emergency evacuations, and Emergency Medical Services assistance.

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APPLICATION FOR MEMBERSHIP

Date _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Physical Address) (Apt. /Suite #)

(City) (State) (Zip Code)

3. _____
(Mailing Address if Not Same as Physical Address)

(City) (State) (Zip Code)

4. Telephone: _____
(Home) (Cell)

Email: _____

5. How long have you resided at the above address? Years: _____ Months: _____

If less than 3 years provide previous address

(Physical Address) (Apt./Suite #)

(City) (State) (Zip Code)

6. How long have you resided in New York State? Years: _____ Months: _____

7. Are you 18 years of age or older? Yes _____ No _____ State your age _____

8. 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, explain:

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9. Are you currently employed? Yes _____ No _____

If yes, please give employer information below.

(Name of Employer) (Address)

Telephone: _____

May we contact your employer as a reference?

Yes _____ No _____

If employed by this employer for less than three years, please provide employer information (name, address, phone number, reason for leaving) for the past 3 years on a separate sheet.

10. Do you have a New York State Drivers License? Yes _____ No _____

If yes enter ID number and class

Client ID#: _____ Class: _____

11. Please indicate your availability to participate in normal required fire department functions, which include, but are not limited to meetings, drills, and emergency calls. ***Note: You must attend a minimum of 20% (approx. 20 to 30 functions) of the department functions listed above per year to maintain active membership status and complete Firefighter 1 (2 nights a week for approx. 28 weeks) or Scene Support (2 nights a week for approx. 9 weeks) within the first two years of joining the department.***

Weekdays:

Days _____ Evenings _____ Nights _____

Weekends:

Days _____ Evenings _____ Nights _____

12. Previous or current emergency services experience (include all fire, rescue, police, and emergency medical service agencies only):

(If more space is needed, please identify on attached sheet)

_____ (Agency Name)	_____ (Agency Name)
_____ (Address)	_____ (Address)
_____ (Supervisor)	_____ (Supervisor)
_____ (Telephone)	_____ (Telephone)

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

If the answer is Yes, did you receive a dishonorable discharge? Yes _____ No _____

If yes, please give details on the attached additional information sheet. Please include service branches and dates.

Note: Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

14. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, sex related offenses, crime against a child, or a reduction of one of these offenses?

Yes _____ No _____ ***If yes, please give details on the attached additional information sheet.***

Note: Any and all of these crimes are not an absolute bar to membership. This and other factors will affect a final membership decision.

15. Have you ever been subject of an investigation regarding inappropriate conduct with a child under the age of 17?

Yes _____ No _____ ***If yes, please give details on the attached additional information sheet.***

Note: This is not an absolute bar to membership. This and other factors will affect a final membership decision.

16. Please list three personal references that have known you for at least three years. Provide accurate mailing address, telephone number, and email address. ***You may use only one family member as a personal reference. Do Not use any members who currently belong to this organization.***

A. Name _____ Telephone _____

Address _____

Email _____

B. Name _____ Telephone _____

Address _____

Email _____

C. Name _____ Telephone _____

Address _____

Email _____

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17. Please list the names of acquaintances or family members who are members of this organization.

18. OSHA regulations require that you pass a physical examination. The department's designated physician will provide you with a free medical examination contingent on your acceptance of active membership in the department. Will you be willing to undergo a medical examination?

Yes _____ No _____

19. Within two years of appointment as an active member to the Niverville Fire Department you are required to complete Firefighter 1 or Scene Support certification offered by the New York State Office of Fire Prevention and Control. These classes are conducted over a 9 to 28 week period and are normally weeknights and may require attendance on an occasional weekend day. **Please initial below to indicate you understand this requirement.**

(Initials)

Note: The information in the box below is required to file an arson background check with the State of New York Division of Criminal Justice Services only. No applicant will be discriminated against based on his or her gender, race, creed, skin color, or height.

1. Date of Birth: _____ (mm/dd/yy)
2. Place of Birth: _____ (Place)
3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Racial Appearance: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Other
5. Skin Tone: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark
6. Height: Feet _____ Inches _____

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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 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, the investigation committee, and potential supervisors; and

be maintained in your personnel file (if you become a fire department member) or in our resume file for six months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

This information will be maintained at the Niverville Fire Department located at 888 County Route 28 Niverville, New York 12130.

Sworn to me this _____ day of _____, 20_____.

Notary Public
State of New York

