

Wales Center Volunteer Fire Co.



**APPLICATION
FOR MEMBERSHIP**

INSTRUCTIONS:

1. Complete all forms in black ink only.
2. Answer all questions completely and truthfully. Vagueness and/or omission will not be viewed in the applicant's favor.
3. Unless otherwise noted, all documents must be originals – not photocopies.
4. This application package and all forms relating to the Wales Center Volunteer Fire Co., Inc. are proprietary, and may not be copied, scanned or otherwise be reproduced without the express written consent of the Board of Directors.

APPLICATION PROCESS:

Each step must be successfully completed before the process can advance to the following step.

1. The applicant shall complete an application package, and submit it along with the applicable processing fee.
2. The Company shall submit a request for an Arson Conviction Background Investigation to the Erie County Sheriff's Department, or other duly-authorized law enforcement agency.
3. The Company may conduct any other background investigation(s).
4. The Company may conduct an oral interview with the applicant.
5. The application shall be presented to the Board of Directors, where a vote shall be taken.
6. Upon approval by the Board of Directors, the application shall be presented to the General Membership, where a secret vote shall be taken.
7. Upon approval by the General Membership, the Recording Secretary shall notify the applicant of the decision and assign a membership number.

REQUIREMENTS:

1. **Citizenship** – You must be legally eligible to work in the United States.
2. **Education** – You must possess either a high school diploma or a G.E.D. (General Equivalency Diploma).
3. **Health** – The physical demands of emergency service can, at times, be strenuous. You must be in good health, in reasonably good physical condition, and within acceptable parameters for your height-to-weight ratio. Upon acceptance into membership, you will be required to pass an appropriate physical, which will be provided for you at no cost.
4. **Background** – All applicants shall be investigated. Conviction of the crime of Arson in any degree is an automatic disqualification to appointment; conviction of any other crime shall be considered case-by-case.

NOTE: Applicants that do not meet all of the requirements shall not be considered for membership.

DOCUMENTATION:

Bring the following original documents when submitting this application package:

1. New York State Driver's License;
2. Social Security Card;
3. High School Diploma or General Equivalency Diploma or Certified Transcript;
4. Any relevant certifications, permits or licenses such as Paramedic, EMT, etc. **COPIES ACCEPTABLE**

NOTE: Failure to provide required documents will result in delays in the processing of your application.

PERSONAL DATA

An Affirmative Action / Equal Opportunity Agency

NAME (Last, First, Middle Initial):

STREET ADDRESS:

MUNICIPALITY, COUNTY, STATE, ZIP CODE:

MAILING ADDRESS (LEAVE BLANK IF SAME):

MUNICIPALITY, COUNTY, STATE, ZIP CODE:

DATE OF BIRTH

PLACE OF BIRTH (CITY / STATE)

SOCIAL SECURITY NUMBER:

HOME TELEPHONE:

CELLULAR TELEPHONE:

PAGER:

GENDER:

MALE FEMALE

SKIN TONE:

LIGHT MEDIUM DARK

ALIASES:

HEIGHT:

WEIGHT:

RACE:

HAIR COLOR:

EYE COLOR:

MARITAL STATUS (optional):

SINGLE MARRIED DIVORCED WIDOWED OTHER

EMAIL ADDRESS(ES):

HEALTH AND MEDICAL BACKGROUND:

Any and all information disclosed in this form will be filed confidentially for your privacy. This information will not automatically disqualify you from receiving consideration for appointment. This information is for the sole use of the Wales Center Volunteer Fire Co., Inc.

Have you had any injuries (work-related or personal) that required hospitalization? If "Yes", please describe.

Yes No

Are you on any medications that might restrict you from fulfilling your obligations or affect the performance of your duties with the Wales Center Volunteer Fire Co., Inc.? If "Yes", please describe.

Yes No

Are you currently under a physician's care for any condition that may restrict you from fulfilling your obligations or affect the performance of your duties with the Wales Center Volunteer Fire Co., Inc.? If "Yes", please describe.

Yes No

The Wales Center Volunteer Fire Co., Inc. reserves the right to request a release from your medical care provider.

EMERGENCY CONTACT:

NAME (Last, First, Middle Initial):

STREET ADDRESS:

MUNICIPALITY, COUNTY, STATE, ZIP CODE:

HOME TELEPHONE:

WORK TELEPHONE

CELLULAR TELEPHONE:

PAGER

CONVICTION DISCLOSURE FORM:

Any and all information disclosed in this form will be filed confidentially for your privacy. This information will not automatically disqualify you from receiving consideration for membership. This information is for the sole use of the Wales Center Volunteer Fire Co., Inc.

Have you ever been convicted of a crime? You may omit minor traffic violations, any offense committed prior to your 18th birthday that was adjudicated in a juvenile court or under a youth offender law, or any incident that has been sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45. **If “Yes”, please complete the section below. A “Yes” answer does not automatically disqualify you from receiving consideration for appointment.**

Yes No

NAME (State the name under which you were convicted.):

ADDRESS (Please provide the address where you resided at the time of the conviction(s):

DATE (Please provide the date of your conviction.)

CONVICTION (Please explain below the basis of the conviction and any penalties that you were assessed.)

If necessary, attach a separate sheet of paper with additional conviction history.

Signature: _____

Date: ____/____/____

EMPLOYMENT HISTORY:

BEGINNING WITH YOUR PRESENT EMPLOYER, LIST ALL EMPLOYMENT ACTIVITY FOR THE PAST TEN (10) YEARS. THE EMPLOYMENT HISTORY MUST BE COMPLETED IN DETAIL EVEN THOUGH A RESUME MAY BE ATTACHED. REFERENCE CHECKS MAY BE CONDUCTED WITH CURRENT AND FORMER EMPLOYERS FOR APPLICANTS UNDER FINAL CONSIDERATION.

Employer: _____ Telephone Number (Including Area Code) _____

Address: _____

Supervisor's Name: _____

Your job title and duties: _____

Date that you started: ____/____/____ Date that you left: ____/____/____

Reason for leaving (Please be specific): _____

Employer: _____ Telephone Number (Including Area Code) _____

Address: _____

Supervisor's Name: _____

Your job title and duties: _____

Date that you started: ____/____/____ Date that you left: ____/____/____

Reason for leaving (Please be specific): _____

Employer: _____ Telephone Number (Including Area Code) _____

Address: _____

Supervisor's Name: _____

Your job title and duties: _____

Date that you started: ____/____/____ Date that you left: ____/____/____

Reason for leaving (Please be specific): _____

If necessary, attach a separate sheet of paper with additional appointment history.

EDUCATION AND SPECIAL TRAINING:

Name / Location of High School:

Did you graduate from high school?

Yes No

If "No", do you have a GED?

Yes No

Name / Location of Colleges or Universities:

Major:

Did you graduate from college/university?

Yes No

If "Yes", list the degree earned:

Course(s) of Study:

Certificate(s) Obtained:

Are you currently or have you ever been a firefighter, emergency medical services provider or fire police officer? If yes, please provide details, including the agency name(s), your dates of employment, and the last rank that you held.

Do you have any formal training or experience in:

- High Angle Rescue Haz-Mat operations Water/Ice Rescue Search and Rescue
 Dispatching and/or Two-way Radio Communications Personal Computers

List all other emergency services training and/or experience not covered above:

REFERENCES:

Please list four people that are not related to you who can attest to your professional abilities and character:

Name:

Occupation:

Phone number, including area code:

How long has this person known you?
_____ Years

Name:

Occupation:

Phone number, including area code:

How long has this person known you?
_____ Years

Name:

Occupation:

Phone number, including area code:

How long has this person known you?
_____ Years

Name:

Occupation:

Phone number, including area code:

How long has this person known you?
_____ Years

Please write a brief description of why you desire to join the Company:

CERTIFICATION AND RELEASE:

- I understand that all offers of membership are contingent upon verification of my identity and my eligibility to work in the United States of America.
- I agree to uphold the Constitution of the United States, and the Constitution of the State of New York, and to abide by the bylaws, rules and regulations of the Wales Center Volunteer Fire Co., Inc..
- I understand that the Wales Center Volunteer Fire Co., Inc. is a volunteer organization, and that I will receive no direct compensation for my participation.
- I agree to any pre/post-acceptance examinations, including medical or psychological, which may be required as a condition of continued membership.
- I hereby certify that the information contained in this application and all supplemental support documentation is accurate and truthful to the best of my knowledge and belief. I understand that the misstatement or omission of pertinent facts or information may disqualify me from membership consideration with the Wales Center Volunteer Fire Co., Inc., and if accepted, may be grounds for dismissal.
- I understand that this application and all supplemental support documentation become the property of the Wales Center Volunteer Fire Co., Inc., and that the information provided herein will be used for the purpose of membership in accordance with the Information Practices Act of 1977.
- I desire to join the Wales Center Volunteer Fire Co., Inc., and I certify that I have met all of the requirements of membership for the class(es) to which I have applied. I further certify that I have never been convicted of the crime of Arson in any degree, and that my signature on this application constitutes authority for the Wales Center Volunteer Fire Co., Inc., and any agents thereof, to conduct any and all background investigations deemed necessary or appropriate.

Printed Name: _____

Signature: _____

Date: ____/____/____

DO NOT WRITE BELOW THIS LINE

ADMINISTRATIVE USE ONLY:

APPLICATION PROCESS STEP	INITIALS	DATE OF COMPLETION
<input type="checkbox"/> 1. APPLICATION PACKAGE RECEIVED <input type="checkbox"/> FEE RECEIVED \$ _____	BY: _____	DATE: ____/____/____
<input type="checkbox"/> 2a. ARSON CONVICTION INVESTIGATION <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	BY: _____	DATE: ____/____/____
<input type="checkbox"/> 2b. OTHER BACKGROUND INVESTIGATION <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	BY: _____	DATE: ____/____/____
<input type="checkbox"/> 3a. BOARD OF DIRECTORS VOTE <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		DATE: ____/____/____
<input type="checkbox"/> 3a. GENERAL MEMBERSHIP VOTE <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		DATE: ____/____/____
<input type="checkbox"/> 4. MEMBER # _____ ASSIGNED	BY: _____	DATE: ____/____/____

COMMENTS (date and initial after each comment):
