

Richmond Fire Department Inc.

Honeoye, New York

Application for membership

Applicant must answer all questions fully in ink please print

Personal information:

Last name:	First name:	Middle initial:	S.S.#:
Street address:			
Post office:	State:	Zip code:	
Home phone number:	Cell phone number:	Date of birth:	

Residence:

	Months:	Years:
How long have you lived at present address:		

Citizenship:

Are you a citizen of the U.S.? (Check one)	Yes, by birth	
	Yes, by naturalization	
	No, not a citizen	

Effective April 1, 2000, new executive law section 837-0 requires application for membership to volunteer fire departments in New York state to undergo non-fingerprint criminal history background checks for arson convictions only. The background check would be done against the states criminal history files maintained by the division of criminal justice services.

Character reference:

Do you have any objections to the fire dept. making inquiry regarding your character and qualifications from:		Yes	No
	Former employers:		
	Present employer:		
	Police agency:		

If answer yes to any of the above, please explain:

Except for minor traffic violations, were you:		Yes	No
	Arrested for any violations of the law?		
	Indicted for any violations of the law?		
	Convicted of any violations of the law?		

If answer yes to any of the above, please explain:

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Where you ever dismissed from any public employment for disciplinary reasons?	Yes	No

If yes, please explain:

Do you have any physical defect, disease or disability?	Yes	No

If yes, please explain:

Have you ever had epilepsy or any other mental or nervous ailment or been a patient in an institution for the treatment of such ailment?	Yes	No

If yes, please explain:

Service in armed forces:

	Yes	No
Have you ever served in the armed forces of the U.S.?		

If "yes" have you received a discharge other than honorable?		
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If "yes" please explain:

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Education: please indicate amount of schooling

	Where please indicate amount of schooling	Complete	
		Yes	No
Grammar			
High school			
College			
Other			

Employment:

Firm name:	Type of business:	Your title:	City and state:
Address:			
	Years:	Months:	
Full name of your supervisor:	How long with this employer:	Employer telephone number:	

If you have been with your employer less than five years, please complete previous employer information below:

Firm name:	Type of business:	Your title:	City and state:
Address:			
	Years:	Months:	
Full name of your supervisor:	How long with this employer:	Employer telephone number:	

							Yes	No
Do you do "trick" work?								
If "yes" please list hours below								
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
							Yes	No
Do you have a valid drivers license?								
If "yes" give motorist identification number:								
							Yes	No
Have you had an accident while driving in the past five years?								
If "yes" please explain:								

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List any moving traffic violations below:			
Date:	Charge:	Disposition:	Court location:
	Frequently	Seldom	Never
Do you use intoxicants?			
Do you use drugs?			
		Yes	No
Do you have any first aid training?			
If "yes" please list type of training and card expiration date:			

1. Be sure you have answered all questions completely and to the best of your knowledge. Be sure to sign below.
2. Before your application will be considered, you will be required to have a physical examination by a fire department specified doctor and at department expense.
3. applicant will be notified by a member of the investigating committee to appear at the fire house at a specified time and date.
4. applicant must submit with application three completed character reference sheets enclosed in this package.

To the best of my knowledge and belief, the answers to all questions here-in are true. I understand I will be required to have a physical examination.

Signature:

Date:

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To whom it may concern:

_____ has applied to our department for membership. This person has offered your name as a reference. Therefore, would you please fill out the following and return this entire letter to us as soon as possible.

Thank you.

Recommendation	Above average	Average	Below average	Do not know
Punctuality				
Attendance				
Appearance				
Ability to get along with others				
Willingness to accept responsibility				
Willingness to accept suggestions				
Dependability				
Judgment and tact				
Leadership potential				
Quality and quantity of work				

Comments:

Signature (please state relationship to applicant):

Date:

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Comments:

Signature (please state relationship to applicant):

Date:

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Application for membership
Richmond volunteer exempt fireman's benevolent association, inc.

Last name:	First name:	Middle initial:
Street address:		
Post office:	State:	Zip code:
Home phone number:	Cell phone number:	Date of birth:

I, _____, hereby make application in the Richmond volunteer exempt fireman's benevolent association, inc.

I am an active / exempt (*please select one*) firefighter of the Richmond Fire Dept. of Honeoye / Richmond New York, and served _____ years and _____ months, in such department from _____ to _____.

I never have been expelled or removed for cause, or dropped from the rolls of any exempt association, fire company, or fire department. If elected I agree to abide by the by-laws.

Print:	Sign:
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Application received with initiation fee: _____

Financial secretary:

Approved:

Investigating committee	

-----FOR FIRE DEPARTMENT USE ONLY-----

We have reviewed the above application, the three character statements, and the report of the physician pertaining to the above named applicant. Also, we have personally interviewed the applicant on date: _____.

Committee will report to the membership at the next regularly scheduled business meeting.

Signature of all members present at the personal interview:

Signature:	Print: