



Sackets Harbor Fire Company, Inc.

BOX 171

112 NORTH BROAD STREET

SACKETTS HARBOR, NEW YORK 13685

Full Name: _____ Date: _____

Address: _____
Street Address

City _____ State _____ Zip _____

1. How long at above address? ____ Years ____ Months How long in New York State? ? ____ Years ____ Months

2. Phone: (____) _____ Cell Phone: (____) _____

3. Email Address: _____

4. Are you 18 years of age or older? Yes/No (circle one) If **No**, state your age _____

5. Position Applied For: ____ Interior Firefighter ____ Scene Support ____ Fire Police

____ EMT Level: _____

6. Are you certified now? Yes/No (circle one) Position: _____ Level: _____

7. Are you a citizen of the United States? Yes/No (circle one)

8. 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 (circle one) If Yes, provide details on an attached sheet.

9. Do you have a valid New York State Drivers License? Yes/No (circle one)

Class: _____ License No. _____

10. Have you ever been a member of a fire department? Yes/No (circle one)

Name of Department: _____ Position: _____

Why did you leave? _____

Contact person: _____ Phone: _____

11. Current Employer: Name: _____

Address: _____

Type of Work: _____ How Long? _____

Last Name: _____ First Name: _____

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12. Previous emergency services experience: (include fire, rescue, EMS and police agencies)

13. Have you ever been a member of the United States Armed Forces? Yes/No (circle one)

If yes, did you receive a dishonorable discharge? Yes/No (circle one) If yes, provide details _____

14. Please list three personal references (non-related), other than members of this Organization, who have known you for at least 3 years:

Name: _____ Phone No. _____

Address: _____

Name: _____ Phone No. _____

Address: _____

Name: _____ Phone No. _____

Address: _____

14. Please list the names of any acquaintances that are Members of this Organization:

15. OSHA regulations require that you pass a physical examination when you join this Organization. The department's designated physician will provide you with a free medical exam. Will you be willing to undergo a medical examination? Yes/No (circle one)

Last Name: _____ First Name: _____

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

The undersigned applicant affirms that the statements made herein are true under the penalties of perjury. Any false statements may be grounds for automatic expulsion from the Department.
I understand that this application will become a permanent part of my record should I be accepted as a Member of this Organization.

I authorize all licensing agencies, law enforcement agencies, former employers and the military services to disclose their relevant records about me to The Sackets Harbor Fire Company, Inc. whether the information be of public, private or confidential nature; and I release them from liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

When complete, contact Randy Lynd, Fire Chief at 315/777-7448

STOP: The following is to be signed after an interview by a Member of
The Sackets Harbor Fire Company, Inc.

| | | | |
|----------------|----------------|---------------------|-------|
| _____ | _____ | _____ | _____ |
| Applicant Name | (Please Print) | Applicant Signature | Date |

Witnessed by:

| | | |
|-------|----------------|-----------|
| _____ | _____ | _____ |
| Name | (Please Print) | Signature |
| | | Date |

ARSON BACKGROUND CHECK

Date Sent: _____ Date Returned: _____

Passed / Failed (Circle One) Officer In Charge _____

Investigating Committee

1. Accept / Decline 2. Accept / Decline 3. Accept / Decline

Department Vote Date of Department Vote: _____

Number of Votes: For: _____ Against: _____