



# Warsaw Fire Department

40 E. Buffalo St. - P.O. Box 229  
Warsaw, NY 14569  
Phone: 585-786-2468 Fax: 585-786-9234  
www.warsawfiredepartment.com



## Membership Application

Membership Type: Active: \_\_\_\_\_ Training: (16-18yr old) \_\_\_\_\_ Social: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cellular \_\_\_\_\_  
Work \_\_\_\_\_ Other \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Other \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**list any fire departments that you have previously served with. Include dept. name & dates of service.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**list any fire training that you have previously received. Include copies of certificates with this application.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Department Member Sponsors

Printed Name / Signature: \_\_\_\_\_

Printed Name / Signature: \_\_\_\_\_

I certify that the statements and answers given in this application are true and complete to the best of my knowledge and that I have not knowingly failed to disclose any material fact regarding myself that would affect this application unfavorably. I understand that any false statement or misrepresentation in this application shall be sufficient cause for rejection or dismissal. I agree to submit to a physical examination which I must successfully pass prior to approval of membership and if accepted, I will submit to further examinations as requested. I hereby authorize the Warsaw Fire Department to investigate any information included in this application, to include an arson background check. I agree to abide by all the policies, rules and regulations of the Warsaw Fire Department and the Village of Warsaw now or hereafter established.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Office Use

Date Received: \_\_\_\_\_ Arson Check Submitted: \_\_\_\_\_ Response Received: \_\_\_\_\_  
Interview Date: \_\_\_\_\_ By: \_\_\_\_\_ Dept. Vote: \_\_\_\_\_ Accept / Deny \_\_\_\_\_  
Date Notified: \_\_\_\_\_ By: \_\_\_\_\_ Physical completed: \_\_\_\_\_  
Village Approval: \_\_\_\_\_ Orientation Date \_\_\_\_\_ By: \_\_\_\_\_ JJC 11/08

**AUTHORITY FOR RELEASE OF INFORMATION**

**PERSONAL INQUIRY WAIVER**

To concerned persons or authorized representatives of any organization, institution or repository of record:

RE: \_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Social Security Number)

I respectfully request and authorize you to furnish the Warsaw Police Department any and all information you may have concerning my employment records, school records(to include copy of transcript), character, reputation(if applicable), financial credit status, military records and arrest records. Please include any and all medical records or reports.

This information is to be used to assist the Warsaw Police Department and Warsaw Fire Department in determining my qualifications and fitness for the position I am seeking as a member of the Warsaw Fire Department in the Village of Warsaw, Wyoming County, New York.

I hereby release, discharge and exonerate the agency, their agents, representatives and/or any person furnishing information from liability arising out of furnishing and/or inspection of records and/or other **truthful**, even though potentially embarrassing, information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

**NOTARIZATION**

State of New York  
County of Wyoming  
Village of Warsaw

Before me personally appeared \_\_\_\_\_ who stated that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and Subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)