

**TOWN OF LOCKPORT FIRE PREVENTION BUREAU APPLICATION
FOR MEMBERSHIP IN A VOLUNTEER FIRE COMPANY**

Fire Company Applying for _____

Application Fee Received (Fire Co.) APPLICATION # _____
(Fire Bureau Use Only)

AMOUNT: _____ DATE: _____ BY: _____ DATE: _____

Applying for: Active _____ Rescue _____ Social _____ Fire Police _____

Name: _____

Sex: M F

Address: _____

Phone: (Home) _____ (Work) _____

Social Security #: _____ - _____ - _____ Age: _____ D.O.B: _____

Marital Status: _____ Spouse's Name: _____

In Case of Emergency Notify: _____

Relation of above: _____ Phone: _____

Driver's License #: _____ License Class: _____

State Issued: _____ Is Your Driver's license valid?: YES NO

Do you presently have any marks on your license?: YES NO

If YES please explain: _____

Have you ever been convicted of a crime?: YES NO

If YES please explain: _____

Education level completed: High School Graduate GED College Other

(Explain) _____

Do you have any previous fire service experience or training?: YES NO

If YES please explain: _____

EMS Training (circle one): CFR EMT EMT-1 EMT-P

Enter DOH Numbers: _____

Occupation: _____ Length of Employment: _____

Employer: _____ Phone #: _____

Personal References:

1) _____ Phone #: _____

2) _____ Phone #: _____

3) _____ Phone #: _____

All information on this application is true. I understand that if I have given any false information that it will automatically disqualify me for membership.

Signature: _____

I understand that upon filing of this application)with a fee, if any for membership, I will be subject to a physical examination by the Town of Lockport's Doctor and a background check for any civil or criminal action and/or conviction.

I further understand that based on the completed physical and/or background check I could be denied membership in the fire company to which I have applied.

This application except for examination by the necessary committees is considered part of the applicant's personal file and not subject to inspection by outside parties. These records may be examined only by or in the presence pf the Fire Bureau Chief and/or Secretary after proper admission has bee received.

The rights of appeal to the application, if this application is denied, will be the same as the rights of appeal governing physical examinations.

DATE

APPLICANT'S SIGNATURE

WITNESS

APPLICANT PRINT NAME

WITNESS PRINT NAME

FIRE COMPANY REVIEW SHEET

1. Date presented to Company, read and tabled: _____

2. Sheriff's Department check done: _____

Findings: _____

3. References checked: Date Findings:
1. _____ _____

2. _____ _____

3. _____ _____

4. Interview completed: _____ Date: _____

Interview done by: 1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

5. Recommended to Company: _____ Not Recommended to company: _____

Reasons: _____

6. Executive Board Review Date: _____

Recommend to Company: _____ Not Recommend to company: _____

7. Membership Vote: Date: _____

Approved: _____ Rejected: _____

8. Physical Completed: Approved: _____ Rejected: _____

9. Date Probation Started: _____

10. Membership voted off probation: Date: _____

Approved: _____ Rejected: _____

TOWN OF LOCKPORT
FIRE PREVENTION BUREAU
TOWN HALL – P.O. Box 848
LOCKPORT, NEW YORK 14095

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review of, and full disclosure of, all records concerning myself to the Town of Lockport Fire Prevention Bureau, whether the records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full disclosure of any criminal history records contained at the Niagara County Sheriff's Department. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization for release will be considered in determining my suitability for employment and/or association with _____.

I agree to indemnify and save harmless to this agency, and any other criminal justice agency, as defined by the code of Federal Regulations Title 28, Chapter I, Part 20 the Electronic Data processing agencies with whom this agency of, any of the above agencies who have contracts to process criminal history record information, and the employees of any of the above entities (1) From and against any and all causes of action, demands, suits and other proceedings of whatsoever nature; (2) Against all liability to others, including any liabilities or damages by reason of, or arising out of any arrest, or imprisonment or any cause of action whatsoever, and; (3) Against any loss, cost, expense and damage resulting there from arising out of or involving any negligence on the part of the recipient in the exercise or enjoyment of this authorization.

A photocopy of this release is considered a valid copy of the original, even though the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for release of personal information."

DATE: _____

WITNESS: _____

SIGNED: _____