

**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: \_\_\_\_\_

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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: \_\_\_\_\_