

**Protective Co. #1 of the Fairmount Fire Department**  
 4611 West Genesee Street  
 Syracuse, NY 13219  
 Phone: 315-487-5811 Fax: 315-487-0860

<b>1. Application for Membership:</b>	<b>Date:</b>
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<b>2. General Data Section:</b>	
a. First Name:	Middle Name:
Last Name	Sex: M F
b. Current Address:	Building / Apt #:
City, Town, Village:	State: Zip Code:
c. How long have you resided at this address?	Years: Months:
d. How long have you resided in New York State?	Years: Months:
e. Previous Address:	Building / Apt #:
City, Town, Village:	State: Zip Code:
f. How long did you reside at the previous address?	Years: Months:
g. Phone Numbers:	
Home:	Work:
Cellular:	Pager:
h. Email Address:	

<b>3. Personal Information Section:</b>	
a. Are you 18 years of age or older? Yes No	If "NO", state your age:
b. Have you ever been convicted or pled guilty to felony arson or a reduction of this offense?	Yes No
If "YES", give details in the ADDITIONAL INFORMATION SECTION (Section 10)	
c. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership?	Yes No
If "YES", explain:	
d. Have you ever been a member of the Armed Forces?	Yes No
If "YES", did you receive an Honorable Discharge?	
e. Do you have any restrictions that may affect your ability to participate in fire department activities?	Yes No
If "YES", explain:	

<b>4. Emergency Contact:</b>	
a. In case of emergency, contact:	Relationship:
b. Phone Number:	
c. Physician:	Physician's Number:
d. Hospital Preference:	Blood Type:

<b>5. Education:</b>	
a. Name of High School you attended:	
b. High School Address:	
c. Did you receive a diploma?	YES      NO      GED
If not, what was the highest grade you completed?	9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup>
d. Year of graduation:	
e. College:	
City:                                  State:	Degree:
College:	
City:                                  State:	Degree:
f. Technical / Trade School:	Major
g. List other special training, skills, or experiences:	

<b>6. Reference Section</b>	
a. Please list three personal references who have known you for at least three years. (Members are prohibited from being used as references).	
1. Name:	Phone:
Address:	Work Phone:
2. Name:	Phone:
Address:	Work Phone:
3. Name:	Phone:
Address:	Work Phone:
b. Please list the names of any acquaintances who are members of the Fairmount Fire Department.	
1. Name:	
Phone Number:	
2. Name:	
Phone Number:	
3. Name:	
Phone Number:	
c. Are you currently employed?	Yes      No
If "YES", give employer information below:	
Name of Company:	
Address:	
Phone Number:	
May we contact your employer as a reference?	Yes      No

<b>7.</b>	<b>Interview Section:</b>
Briefly tell us why you would like to join the Protective Co. #1 of the Fairmount Fire Department, Inc.:	
(If more space is needed, please utilize additional information section – section 10)	

<b>8.</b>	<b>Experience / Availability Section:</b>		
a.	Please indicate your availability to participate in normally required fire department functions (alarms, drills, meetings) by checking the appropriate time periods.		
Weekdays:			
	Daytime	Evening	Nighttime
Weekends:			
	Daytime	Evening	Nighttime
b.	Do you have a valid New York State Drivers License?	Yes	No
	What class is your license?		
	List any violations:		
c.	Do you have a means of transportation to respond to alarms, drills and meetings?		
	Yes	No	
d.	<b>Previous Emergency Services or Professional Experience:</b>		
(Include related fire, rescue, police and medical experience)			
	Name of Agency:	Chief Officer:	
	Address:	Phone Number:	
	Reason for leaving (If applicable):		
	Positions held:		
	Schools (list courses, completion dates, certificate #'s and locations under section 10)		
e.	OSHA Regulations require that you pass a physical examination before becoming an interior structural firefighter. The department’s designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination?		
	Yes	No	

**Firefighter Statement:**

I understand that I am applying for active membership in the Protective Co. #1 of the Fairmount Fire Department, INC. and that I am committed to attending one (1) Training Drill every month, and every alarm for which I am available.

I am also aware that I must fill out and sign the attached AUTHORIZATION FOR RELEASE OF INFORMATION in order to complete my application for consideration for appointment. In witness whereof, this application has been subscribed this \_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_, by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

Applicant Signature:

Date:

Applicant Name Printed:

Parent / Guardian Signature:

Date:

Parent / Guardian Name Printed:

(If under 18 years of age)

Witness Signature:

Date:

Witness Name Printed:

**Privacy Notification:**

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information on you is found in Article 6 of the Executive Laws of New York State. The information obtained will:

- \* Be used to determine your qualifications for the position for which you are applying for
- \* Be released to the Fire Chief and your potential supervisors
- \* Be maintained in your personnel file (pending approval of membership)
- \* Or in our resume file for six months (pending denial of membership)

Failure to provide the information or authorization will result in your application to not being considered for membership. The information will be maintained by the Secretary and / or Inquiry and Probationary Committee of the Protective Co. #1 of the Fairmount Fire Department, 4611 W. Genesee St., Syracuse, NY 13219 (315)487-5811.



	<b>Inquiry &amp; Probationary Committee (FOR FIRE DEPARTMENT USE ONLY)</b>			
	The following items are to be completed, signed, and / or dated by the committee members for each applicant prior to presentation at the Business Meeting.			
<b>1.</b>	<b>Membership application completed and submitted to membership committee:</b>			
	Date:	Yes	No	Received by:
<b>2.</b>	<b>Applicant interviewed by at least three membership committee members:</b>			
	Interview date:			
	Applicant found favorable?	Yes	No	
	Comments:			
	1 <sup>st</sup> Deputy Chief:			
	Lieutenant:			
	President:			
<b>3.</b>	<b>Applicant location information:</b>			
	Lives within:		Fire District	
	Out of District?	Yes	No	
<b>4.</b>	<b>Physical Completed?</b>			
	Date:	Yes	No	By:
	Checked by:			
<b>5.</b>	<b>Background Check:</b>			
	Submitted to OCSO by:		Date:	
	Positive check received from OCSO by:		Date:	
	Negative check received from OCSO by:		Date:	
<b>6.</b>	<b>Application presented to the membership at the Business Meeting:</b>			
	By:		Date:	
	Voting results:	Yes	No	
	Election teller:			
	Election teller:			
<b>7.</b>	Denial / approval letter sent to applicant:	Yes	No	By:
<b>8.</b>	Membership ID Number:			