

APALACHIN FIRE DEPARTMENT

Business Phone
(607) 625-2216

Tioga County
PO BOX 572
Apalachin, NY 13732

ONLINE
www.apalachinfd.com

Application for Membership

Dear Applicant:

Thank you for your interest in joining the Apalachin Fire Department. AFD is a volunteer organization that is dedicated to providing the best fire protection and emergency medical services to the residents of the Apalachin Fire District. Our service area is large and we are always looking for new members to lend a hand in meeting the needs of the community.

The community depends on our organization to respond in their time of need. This responsibility is a big one that takes time, skill, desire and dedication to perform under difficult conditions. Our dedicated team of volunteers responds to over 700 calls for help annually. By filling out this application you are taking the first step towards becoming one of these remarkable individuals.

Before submitting an application, please be aware of the following:

- NYS Town Law requires that you live or work in the Apalachin Fire District to join.
- Membership in this organization requires commitment and dedication. Members are expected to give freely of their time to answer emergency calls. Training required to fulfill this commitment will be provided by the fire department. We ask that new members enroll in the basic Firefighter 1 course or an Emergency Medical Technician course if interested in EMS within one year of joining.
- We have fundraisers and outreach activities throughout the year where our members are expected to participate. The largest being our department's annual Fireman's Field Days, held at the beginning of June. It is very important for new members especially to participate as it provides the opportunity to meet the officers and other members outside of answering emergency calls.

The Fire Department holds its monthly business meetings on the 1st Tuesday of every month at which time your application will be read and voted on by our membership. If you have questions or concerns regarding the application process, please feel free to contact any member of the membership committee.

We encourage you to visit our station to familiarize yourself with our station, equipment and personnel. Training is every Wednesday at 7 pm and every other Thursday at 10 am. If you have any questions about your application or our organization please feel to stop by the fire station or call us. Thank you again for your interest in joining and we look forward to working with you.

Sincerely,

Apalachin Fire Department
Membership Committee

APPLICATION FOR MEMBERSHIP

Instructions: Print in dark ink or type. Complete all pages of this application.

Personal Data

Applicant Last Name		First	Middle Initial	Social Security Number - -	
Mailing/Street Address		Years/Months at Residence		Date of Birth (MM/DD/YYYY) / /	
City	County	State	Zip Code	Cell Phone Number	
Email Address		Home Phone Number		Cell Phone Provider (Verizon, AT&T, Sprint, etc.)	

Previous Addresses

Include previous temporary and permanent addresses covering the last seven years (use extra sheets if necessary).

Street Address	City	State	County	Date From	Date To

Are you a U.S. citizen or national; a permanent resident, a refugee, an asylee; or authorized to work under the temporary resident provisions of the US immigration law? Yes No

If you answered no, indicate your immigration status or other authorization to work:

General Information

Have you ever applied to the Apalachin Fire Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s)
Have you ever been interviewed by Apalachin Fire Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s)
Indicate your name at the time(s) if different from your current name:		

Being an active member of Apalachin Fire Department requires a significant commitment of time and effort. Your inability to satisfy these requirements may limit further consideration of your application. Please indicate whether you will be able to:

Commit to six or more hours of on-duty time per week	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attend weekly training (offered Wednesday night or Thursday morning with occasional training on weekends)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respond to emergency calls on an off-duty basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete all required medical evaluations and assessments as required by department or district policy, including pre-employment drug screening and criminal background check	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participate in and complete any required trainings for active status in your position if accepted (e.g. Firefighter I class, EMT certification/recertification class, CPR/AED certification/recertification, OSHA/DOH mandated training, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please state any additional information you believe is pertinent to your application for membership regarding your availability to participate in the organization's activities:

Education and Training

High School Name	Address	City/State/Zip Code
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Month and year of graduation / anticipated graduation:	

School Name	Address	City/State/Zip Code
Major Field of Study	Minor Field of Study	
Dates Attended From: _____ To: _____	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	

School Name	Address	City/State/Zip Code
Major Field of Study	Minor Field of Study	
Dates Attended From: _____ To: _____	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	

School Name	Address	City/State/Zip Code
Major Field of Study	Minor Field of Study	
Dates Attended From: _____ To: _____	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Licenses/Certifications

Include CPR, any EMS/Fire certifications or professional licenses. Submit copies with your application.

License/Certification	Issue Date	License/Certification Number	Issued By	Expiration Date
Driver's License				

Honors, Activities and Awards

Please list any academic honors, religious, community, business, labor, or professional organization memberships, or participation in or offices held in activities you consider significant.

Employment Experience

List your job history for the past seven years or last five employers, including volunteer or unpaid experience, starting with your current or most recent position. Include U.S. military experience and summer/part-time jobs.

Current Employer Name			Start Date (MM/YY)	Leaving Date (MM/YY)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Street Address	City	State	Zip Code	Employer Telephone Number	
Position or Title		Name of Current Supervisor		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your Responsibilities					

Employer Name			Start Date (MM/YY)	Leaving Date (MM/YY)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Street Address	City	State	Zip Code	Employer Telephone Number	
Position or Title		Name of Last Supervisor		Explain Reason for Leaving	
Describe your Responsibilities					

Employer Name			Start Date (MM/YY)	Leaving Date (MM/YY)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Street Address	City	State	Zip Code	Employer Telephone Number	
Position or Title		Name of Last Supervisor		Explain Reason for Leaving	
Describe your Responsibilities					

Employer Name			Start Date (MM/YY)	Leaving Date (MM/YY)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Street Address	City	State	Zip Code	Employer Telephone Number	
Position or Title		Name of Last Supervisor		Explain Reason for Leaving	
Describe your Responsibilities					

Employer Name			Start Date (MM/YY)	Leaving Date (MM/YY)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Street Address	City	State	Zip Code	Employer Telephone Number	
Position or Title		Name of Last Supervisor		Explain Reason for Leaving	
Describe your Responsibilities					

Personal References

List three personal references, other than family members or those living in the same household as you, who have known you for at least three years.

Reference Last Name		First		Middle Initial
Mailing/Street Address			Relationship to Applicant	
City	County	State	Zip Code	Home Telephone Number
Email Address			Cell Phone Number	

Reference Last Name		First		Middle Initial
Mailing/Street Address			Relationship to Applicant	
City	County	State	Zip Code	Home Telephone Number
Email Address			Cell Phone Number	

Reference Last Name		First		Middle Initial
Mailing/Street Address			Relationship to Applicant	
City	County	State	Zip Code	Home Telephone Number
Email Address			Cell Phone Number	

Please list the names of any acquaintances of the applicant who are members of the Apalachin Fire Department:

Additional Information

Please provide any additional information you consider pertinent to your application for membership.

Read the following statements carefully, as they represent matters of importance to both you and the Apalachin Fire Department in connection with this application for membership.

I understand that:

- *The information that I have provided on this application including the Security Data Sheet is accurate to the best of my knowledge. Any misrepresentation or deliberate omission in my application, resume, or any other materials will be justification for refusal of membership or termination of membership.*
- *The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check.*
- *I voluntarily authorize the Apalachin Fire Department to verify information related to my education, employment (with the exception of current employment, until I have authorized such contact), security data (including drivers license record), and I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Apalachin Fire Department, and the directors, officers, employees, and volunteers thereof.*
- *A medical assessment/examination is required for active membership. Failure to successfully complete the required assessment/examination may result in termination of membership.*
- *The Apalachin Fire Department may terminate my membership for any reason, with or without cause, and I am free to terminate my membership at any time for any reason.*
- *In signing this application, I have read the attached information and apply for membership with the Apalachin Fire Department. I agree to comply with the Bylaws and the Rules and Regulations of the organization.*
- *I understand that if accepted for membership, the Apalachin Fire Department will not sponsor me to attend a NYS EMS certification course for a period of 3 months or longer, depending on how quickly I complete the new member process.*

Signature of Applicant	Date
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Applicant must be at least 16 years of age. If applicant is under the age of 18, a parent or legal guardian must also sign:

Signature of Applicant's Parent/Guardian	Date
Print Name	Relationship

Security Data Sheet

Applicant Last Name	First	Middle Initial
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Provide accurate and complete information in response to the following four questions. This information will be taken into account in the membership process. Do not include in response to any of the questions below arrests without convictions, convictions or incarcerations for which a record has been sealed or expunged. Please note that a criminal record will not necessarily disqualify you from membership.

1. Have you been convicted of or pleaded guilty to a crime or other offense? Include military service convictions or guilty pleas. Yes No
2. Are you currently on parole, probation, work release program, conditional release or serving a weekend sentence as a result of a conviction or guilty plea? Yes No
3. Have you ever been confined (incarcerated) as a result of the sentence of any court? (Include incarcerations resulting from the sentence of a military court or similar proceeding.) Yes No

If you have answered "yes" to any of the above questions, please provide the following information for each situation; if not, go directly to question number 4 below.

- a) The date, place of the offense and charge:

- b) The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction or guilty plea:

- c) If you have been in prison, the name and location of the facility or facilities in which you served your sentence:

- d) Any rehabilitative efforts undertaken while in prison or following release (e.g. education, employment, counseling, etc.):

- e) Any other information that you believe is pertinent to our full understanding of this matter:

4. Are you presently under indictment or are you currently a defendant in any criminal proceeding? If you have answered "yes," please provide the following information: Yes No

- a) The date, place of the occurrence leading to the indictment or pending charge, and the charge:

- b) When and where a trial is scheduled in connection with the indictment or pending charge:

Read carefully before signing below:

You are advised that the Apalachin Fire Department may request a report be prepared to verify the information provided above. A report examining your driving record may also be requested. Your signature below authorizes the Fire Department to obtain these reports. Your signature further reflects your understanding that any misrepresentation or deliberate omission of fact on the Security Data Sheet will justify terminating consideration of your application for membership or, if a member, terminating your membership.

Signature of Applicant	Date
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Verification Data Sheet

As a routine part of our membership process, the Apalachin Fire Department may procure or have prepared an investigative consumer report to verify all of the information you have provided, including but not limited to education and employment, on the application as well as on the Security Data Sheet. To do so, the following information is required. This information will be treated as confidential information.

Applicant Last Name	First	Middle Initial	Date of Birth	Social Security
Former Name(s)			Dates Used From	To
Former Name(s)			Dates Used From	To

You are hereby advised that upon written request you may obtain a complete and accurate disclosure of the nature and scope of this investigation. By signing below, you voluntarily authorize the Apalachin Fire Department to make such an investigation, and release from liability or responsibility all persons, schools, companies, corporations or other entities supplying or collecting such information. Any copy of this authorization shall have the same authority as the original.

Your signature further reflects your understanding that any material misrepresentation or deliberate omission of fact provided to the Apalachin Fire Department will justify terminating consideration of your application for membership or, if a member, terminating your membership.

Signature of Applicant	Date
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Fire Department Use Only

Application Routing and Approvals

Step	Date	By
Application Dated		
Received		
Interview Scheduled		
Interview Conducted		
References Checked		
Department Election		
Commissioner Approval		
Notified to Schedule Physical		
Background Check Sent to TCSO		
Medical Clearance Received		
Background Check Received		
Drug Test Report Received		
Notified to Begin Training		

Notes:

Pursuant to the by-laws of the Apalachin Fire Department, the individual associated with this application for membership is hereby elected by the membership.

Fire Department Election Date	
Acknowledged by (print)	
Acknowledged by (signature)	

RESOLVED, the individual associated with this application for membership is hereby approved as a member of the Apalachin Fire Department.

Fire Commissioner Approval	Date