



Town of Batavia Fire Department, Inc.
8382 Lewiston Rd.
Batavia, NY 14020

APPLICATION FOR MEMBERSHIP
(Please Print)

NAME: (First) _____ (Middle Initial) _____ (Last) _____

CURRENT ADDRESS: (Street) _____ (City) _____ (State) _____ (Zip Code) _____

AREA CODE – TELEPHONE NUMBER – CELL _____ AREA CODE – TELEPHONE NUMBER - HOME _____

DRIVERS LICENSE I.D. NUMBER _____ CLASS _____ STATE EXPIRATION DATE _____

EMAIL ADDRESS _____ ADDITIONAL SOCIAL MEDIA CONTACT _____

APPLICANT MUST ANSWER ALL OF THE FOLLOWING QUESTIONS

Are you a legal resident of the United States? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____ If not, state your age: _____

How long have you resided at the above address? Years _____ Months _____

How long have you resided in New York State? Years _____ Months _____

Do you have reliable transportation to get to the fire station? _____

Previous Address: List previous address if you resided at the above address less than 5 years.

Number and Street _____ Apt./Suite No. _____

Town/Village _____ State _____ Zip Code _____

Military Service: Have you ever been a member of the United States Armed Forces? Yes _____ No _____
If the answer is "Yes" complete the following.

Service Branch _____ Service Dates _____

Did you receive an honorable discharge? Yes _____ No _____

If you answered "No" give complete details regarding your military discharge below:

Education: Indicate the highest-grade level of education completed:
Grade School _____ High School _____ College _____
State degree or certificate awarded: _____

Employer: Company Name: _____
Address: _____

Telephone: () _____ Fax: () _____
May we contact your employer as a reference? Yes _____ No _____
If Yes, Contact Name: _____ Title: _____

Please indicate your availability to participate in Fire Department activities:
(emergency calls, meetings and training)

Monday through Friday: Days _____ Evenings _____ Nights _____
Saturday and Sunday: Days _____ Evenings _____ Nights _____

Previous Experience: Complete the following only if you have any previous experience with an emergency service provider
(include fire, rescue, police, and emergency medical services).

Name of Agency: _____
Address: _____

Training: List any training, education, and/or courses that you have completed that directly related to emergency services.

Background: Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? Yes _____ No _____
If you answered "Yes" give complete details below:

List three personal references, other than members of this organization, who have known you for at least 3 years.

Name: _____ Telephone: _____
Address: _____ Relationship: _____
Name: _____ Telephone: _____
Address: _____ Relationship: _____
Name: _____ Telephone: _____
Address: _____ Relationship: _____

List the names of any acquaintances that are members of The Town of Batavia Fire Department:

Physicals: Applicants must pass a physical examination to determine if they are fit for duty and may be required to undergo testing for illegal or controlled substances. All physicals will be conducted by a physician designated by the Board of Directors and Chief of the Department to ensure they are in accordance with OSHA. The Town of Batavia Fire Department will pay the cost of the medical examination.
Do you agree to undergo this medical examination? Yes _____ No _____

Additional Information: List any additional information about yourself or your interests that you feel would be relevant in the consideration of yourself for membership in The Town of Batavia Fire Department:
Attach additional pages to application if more space is required.

Within the Freedom of information law, all information contained or obtained herein will remain confidential and will be used for only internal membership processing.

In witness whereof, this application has been subscribed this _____ day of _____, 20____ by the undersigned applicant who affirms that the statements made herein are true under penalty of perjury.

Applicant's Name (Please Print)

Applicant's Signature

Date

Firefighter with Restrictions (16yr-17yr) -Parental Consent

My son/daughter, _____, has my permission to be a Firefighter with restrictions, I give my consent to allow _____ to be a Firefighter with restrictions and do not hold the Town of Batavia Fire Department Inc. responsible for any actions caused by my son/daughter that is not under the direction of an Officer.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

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 records system, is collected from you.

- (1) The authority to request and confirm personal information about you is found in Article 6 of Executive Law.
- (2) The information obtained will:
 - (a) Be used to determine your qualifications for the position for which you are applying.
 - (b) Be released to the Fire Chief, President of The Town of Batavia Fire Department, Inc.
 - (c) Be maintained in your personal file permanently if you become a Fire Department Member or for an appropriate period of time (as determined by Fire Department Board of Directors) if you do not become a member.
- (3) Failure to provide the information or authorization will result in dismissal of your application for membership.

FOR FIRE DEPARTMENT USE ONLY

Date Received: _____

Received By: _____

FIRST READING

Application read at the regular Fire Department Meeting of: ____ / ____ / 20__

INTERVIEW

Applicant interviewed at the Board of Directors and Chief of the Department: ____ / ____ / 20__

The Board of Directors and Chief recommend that the applicant be: Approved ____ Rejected ____

This recommendation concurred by a majority of the following :

_____	_____	_____
_____	_____	_____
_____	_____	_____

SECOND READING / MEMBERSHIP VOTE

Application voted on by secret ballot at The Town of Batavia Fire Department regular meeting of ____ / ____ / 20__

Record of Ballot: For Acceptance ____ For Rejection ____

Witnessed By:

_____	_____	_____
Title	Title	Title

Applicant notified of initial approval / disapproval: Date ____ / ____ / 20__

PHYSICAL EXAMINATION

Date of Examination: ____ / ____ / 20__ Approved as fit for firefighting duty ____

Rejected as not fit for firefighting duty ____

APPROVED FOR PROBATIONARY FIREFIGHTER STATUS

Yes ____ No ____ Date: ____ / ____ / 20__

Applicant notified of final approval / disapproval: Date ____ / ____ / 20__

MEMBERSHIP TERMINATION

Membership termination date: ____ / ____ / 20__

Reason for Termination: _____

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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on this application for membership with The Town of Batavia Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and the military service to disclose their relevant records pertaining to me to the Town of Batavia Fire Department whether the information be public, private or confidential in nature. Thus I release the aforementioned agencies, companies, services and institutions from any liability and responsibility from disclosing any relevant records.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

_____	_____	
Date of Birth	Social Security Number	
_____	_____	_____
Applicant's Name (Please Print)	Applicant's Signature	Date

_____ personally appeared before me, a Notary Public in the County of _____, State of New York, and known to me to be the same party/parties who executed the memorandum of lease and signed the same as his/her their free and voluntary act for the purpose set forth herein. Witness my hand and notary seal, in the County and State aforesaid this _____ day of _____.

_____ My Commission Expires: _____

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GENESEE COUNTY WORKMEN'S COMPENSATION

CERTIFICATE OF HEALTH

(To be filled out in employee's own handwriting)

Please answer all the following questions:

Fire Company _____ Date _____

Name _____

Address _____

Age _____ Height _____ Ft. _____ in Weight _____

To the best of your knowledge, or belief, has any member of your family, including your grandparents, parents, brothers or sisters, ever had:

	YES	NO		YES	NO
Tuberculosis			Epilepsy		
Insanity			Heart Disease		

Are you suffering from, or have you ever suffered from any of the following ailments?

	YES	NO		YES	NO
Frequent Severe Headache			Skin Disease		
Shortness of Breath			Back Pain		
Swelling of Feet			Arch of Feet		
Blood in Urine			Rupture or		
Varicose Veins			Paralysis		
Diabetes			Heart Disease		
Hemorrhoids (Piles)			Tuberculosis		
Asthma			Other Lung		
Epilepsy			Lead or Other		
Poisonings					

Trouble
Hernia

Trouble

Remarks explaining any of the above:

When were you treated last by any physician or doctor? _____

What were you treated for? _____

Name and Address of doctor: _____

Have you ever had an injury in which has left any part of your body deformed or stiff? _____

If so, what? _____

Have you ever drawn Workmen's Compensation Benefits? _____

Who was your employer? _____ Approximate Date _____

(Signature of Volunteer Fireman)

State of New York SS:
County of Genesee

_____ being duly sworn, deposes and says that he has read the foregoing statement by him subscribed and knows the contents there of and that the same is true to the best of his knowledge and belief.

Notary Public

This form is to be returned to:
Office of the Executive Secretary, Genesee Counter Self-Insured Plan, Co. Bldg #1, Batavia, New York, 14020