



**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 \_\_\_\_\_

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**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:

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**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.

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

Knowingly making a false written statement is a crime and punishable under NYS Penal Law §210.45

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Applicant's Name (Please Print)	Applicant's Signature	Date
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**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: \_\_\_\_\_

\_\_\_\_\_

**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.

Knowingly making a false written statement is a crime and punishable under NYS Penal Law §210.45

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date