

Sodus Point Fire Department, Incorporated

PO Box 139

Sodus Point NY 14555-0139

Application for Membership

Qualified applicants are considered without regard to race, color, national origin, sex, age, religion, sexual preference, marital or veteran status.

Please print all information except where signatures required.

Today's Date: _____

Personal Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

How long at current address: yrs. _____ mon. _____ If 1 year or less at current address, list previous address: _____

Home Telephone #: _____ Cell Telephone #: _____

Date of Birth: _____

E-mail address: _____

Are you a citizen of the United States: Yes No

Emergency Contact: _____

Address: _____

Phone: _____ Relationship: _____

Criminal Background:

Have you ever been convicted of an Arson related crime (in any degree): Yes No

Have you ever been charged with or convicted of a misdemeanor or felony offense:

Yes No

If yes, give dates, explanation of charges and disposition:

Driver's License #: _____ Expiration Date: _____

Insurance Carrier: _____

If you do not have a valid driver's License, please explain:

Has your Driver's License ever been suspended in NYS or any other state: Yes No

If yes, give dates and explanation:

Employment Information:

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Telephone: _____ Years Employed: _____

Occupation: _____ Normal work hours: _____

Do you work shift work: Yes No

Educational Background:

Are you now a full or part time student: Yes No

If yes, list school attending: _____

Name of High school attended: _____

City: _____ State: _____ Zip: _____

Did you receive a diploma or equivalent: Yes No Year of graduation: _____

Trade or Technical school attended: _____

Did you receive any certifications: Yes No If yes, list:
_____ Year attended: _____

List any other special training, skills or experience:

Military Service:

Are you currently enlisted in any branch of the US Military: Yes No

If yes, List: _____

Are you a veteran of the US Military Service: Yes No

If yes, dates of duty: _____

Firefighting Experience:

Have you previously filed an application with this Department: Yes No

Or been a Member of this Department: Yes No If yes, give dates: _____

Have you ever been a Member of another Fire Department: Yes No

If yes, give dates: _____ and attach a letter of recommendation from that Department.

List any Firefighting Experience and/or Training you have had:

Exp./Training: _____ Date: _____

Exp./Training: _____ Date: _____

Exp./Training: _____ Date: _____

List any current or past Members of the SPFD that you are related to:

Are you currently a Member of any other Civic Organization: Yes No

If yes, please list: _____

If possible, obtain signatures of three current Members, in good standing, who will recommend your Membership:

Physical Information:

Do you have any physical, mental or medical impairment or disability that we should be aware of or that would restrict your ability to participate in any Fire Department emergency calls, activities, trainings and/or drills: Yes No If yes, please explain:

Do you have any other restrictions that may affect your ability to participate in Fire Department emergency calls, activities, trainings and/or drills: Yes No

If yes, explain: _____

Availability:

Regarding emergency calls, activities, trainings and drills, please check your usual availability:

Weekdays: Days Evenings Nights

Weekends: Days Evenings Nights

List any certain days and/or times when you foresee being unavailable:

Briefly state why you would like to become a Member of this Department:

Consent for Disclosure:

I, _____ hereby certify that all of the information I have supplied in this application is true and complete to the best of my knowledge. I, _____ give the Investigating Officer of the Sodus Point Fire Department my consent to make inquiries of my employers, neighbors, police agencies, motor vehicle departments, insurance carriers or other means necessary, to investigate my past record, responsibility and/or character. I, _____ understand and agree that knowingly making misstatements and/or omissions may be grounds for rejection of application or immediate expulsion from the Membership.

Signature: _____ Date: _____

Please do not write below, for Fire Department use only

Date Criminal and Arson background check completed: _____

Results: _____

Date interviewed by Standing Committee: _____

Names: _____

Committee recommends for Membership: Yes No

Comments: _____

Date application was brought before the Membership: _____

Accepted by a majority vote: Yes No

Comments: _____

Approved by the Sodus Point Village Board:

Signed: _____ Date: _____