Sheridan Park Fire Company

738 Sheridan Dr.
Tonawanda, New York 14150

APPLICATION FOR VOLUNTEER FIREFIGHTER

Qualified applicants are considered without regard to race, color, creed, sex, nationality origin, age, marital or veteran status.
Please answer *all questions.*

(Please Print)

Date of Application_____ SS#_____

Name_____
(Last) (First) (Middle)

Type of application NEW MEMBER ( ) REINSTATEMENT ( )

Living Address_____ **Zip Code**_____
How Long?_____
Previous Address_____ **Zip Code**_____
Have you lived in another state?_____
Phone #_____ **Cell #**_____ **D.O.B.**_____
Place of birth: City_____ **State**_____

Have you previously filed an application with this organization? ( ) Yes ( ) No
If so, when?_____
Are you a citizen of the United States? ( ) Yes ( ) No
If not, do you possess an Alien Registration Card? ( ) Yes ( ) No
Do you have any friends or relatives who are presently members of this organization? ( ) Yes ( ) No
If yes, list name(s)

_____
_____

Have you any previous firefighting experience? ( ) Yes ( ) No
If yes, please provide:
Name of Fire Company _____
Name of Fire Chief _____
Contact phone number _____

Have you ever been convicted of a misdemeanor or felony? ( ) Yes ( ) No
Have you ever been convicted of an arson-related crime? ( ) Yes ( ) No
Have you served in the Armed Forces? ( ) Yes ( ) No
If so, which branch_____ Length of service_____ Discharge type_____
Do you have any physical, mental or medical impairment or disability that would limit your job performance? ( ) Yes ( ) No ( ) Maybe

Please give name, address and telephone number for three (3) references not related to you

_____
_____
_____

Education

High School_____ Diploma_____

College/Trade School_____

Years completed_____ Diploma/Degree_____

Employment

List all places of employment for the past three years (most current first)

Name_____ Address_____

Name_____ Address_____

Name_____ Address_____

Name_____ Address_____

Driver Information

State License Issued_____Type_____ Driver License Number_____

Hair color_____Eye color_____ Driver License Expiration Date____/____/____

Height_____ Weight_____ Sex ( ) Male ( ) Female

Do you have reliable transportation?_____If not explain_____

Availability for Membership

Are you a

Day worker ( ) Mid Shift Worker ( ) Night Worker ( ) Swing Shift Worker ( )

About yourself

What are your hobbies?_____

_____

_____

Why do you want to become a firefighter?_____

_____

_____

_____

Consent For Disclosure

I,_____ give the Investigating Officer of the Sheridan Park Volunteer Fire Company my consent to make inquiries of my employers, neighbors, police agencies and insurance carrier while conducting an investigation of my character, past record and responsibility

Signature of Applicant_____ Date_____

Comments of Investigating Officer

_____

_____

_____

_____

_____

( ) Accept ( ) Reject Date____/____/____

PRIVACY NOTIFICATION

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

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

be used to determine your qualifications for the position for which you are applying;

be released to the fire chief and your potential supervisors

be maintained in your personnel file (if you become a fire company member) or in our application file for six months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by the Secretary of the Sheridan Park Volunteer Fire Co. Inc., 738 Sheridan Dr. Tonawanda, N.Y. 14150, telephone number (716) 873-1111.

NOTICE TO ALL PROSPECTIVE APPLICANTS FOR MEMBERSHIP

Effective December 2, 2014, New York State Executive Law section 837-o requires prospective volunteer firefighters, and current volunteer firefighters seeking membership in another fire company, to undergo non-fingerprint criminal history background checks, for arson convictions and sex offender status only, against the State's criminal history files maintained by the Division of Criminal Justice Services (DCJS).

This check will be conducted by the Erie County Sheriff's Office. There is no fee charged in connection with this check.

Shortly after submitting your application for membership, the Fire Chief will contact you, and a meeting will be scheduled for the purpose of obtaining the information needed to conduct this check. You must provide the following information at this meeting:

1. A New York State Driver's license or non-driver identification card.
2. A second form of identification, such as an employee photo ID card, passport, utility bill, pistol permit, etc.
3. Your Social Security Card.
4. Color photo of your self.

All information provided to the Fire Chief for the purposes of conducting this criminal history check will be considered confidential, and will be maintained in a like manner.

If the check shows that you have either an arson conviction, a current arson arrest that is pending legal action or a sex offender status, the Fire Chief will return your application to you.

If you are ineligible for membership due to a record of conviction for arson, please be advised that you have the right to challenge and appeal the information contained in the record of conviction as provided in the rules and regulations of the Division of Criminal Justice Service.

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

I affirm under the penalty of perjury that the statements and information on this application (including any attached sheets) are true. If elected to membership, I agree to abide by the constitution and by-laws of the Sheridan Park Volunteer Fire Co. Inc. I further agree to a character reference check, a criminal history background check for arson convictions, sex offender status, and an approved medical physical prior to the beginning of active membership.

Applicant's name (Please print):_____

Applicant's signature: _____ Date:_____

Witnessed by: Name (Please print):_____

Signature: _____ Date:_____

FIRE COMPANY USE ONLY:

Date application received by Fire Chief: _____

Date application fee received _____ *By whom:* _____

Date criminal history check sent out: _____

Date criminal history check received: _____

Application referred to Board of Directors ____ *-or- Application returned to applicant* ____

Date application received by Board of Directors: _____

Character references checked by (signature): _____

Date of interview with applicant: _____

Recommendation to Body of Members: *Favorable* *Unfavorable*

Action of the Body of Members: *Applicant voted into membership* *Applicant denied membership*

Date referred to the Board of Commissioners: _____

Secretary of the Fire Company: _____

Sheridan Park Volunteer Fire Company Inc.
738 Sheridan Dr.
Tonawanda, New York, 14150

Phone (716) 873-1111 Fax (716) 873-6945

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Sheridan Park Volunteer Fire Company, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, character references which I have listed, and the military services, to disclose their relevant records about me to the Sheridan Park Volunteer Fire Company, whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

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.

Applicant's name (Please print):_____

Applicant's signature: _____ Date:_____

Witnessed by:

Name (Please print):_____

Signature: _____ Date:_____

Sheridan Park Volunteer Fire Co. Inc.

738 Sheridan Dr. Tonawanda, NY. 14150

Request for Arrest / Record Search

Name:_____
Last First MI

Address:_____

_____

Phone #:_____

Date of Birth:_____

Social Security Number:_____

Previous address:_____

Alias or maiden name:_____

Mail Search To:

Sheridan Park Volunteer Fire Co. Inc.
738 Sheridan Dr.
Tonawanda, NY 14150
Attn: Chief

I Hereby Authorize The Release Of My Arrest / Record to the Sheridan Park Volunteer Fire Co. Inc.

_____ _____
Signature Date

NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

A. DATE:

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME: SHERIDAN PARK VOLUNTEER FIRE COMPANY

FIRE CHIEF NAME: SIGNATURE:

ADDRESS: 738 SHERIDAN DRIVE
TONAWANDA, NY 14150

TELEPHONE NUMBER: 716-873-1111 FAX NUMBER: 716-873-6945

1. NAME (LAST, FIRST, MIDDLE)	2. ADDRESS (Street, City, Zip Code)	
3. ALIAS AND/OR MAIDEN NAME	4. SEX M ☐ F ☐	5. RACIAL APPEARANCE White ☐ Black ☐ Indian ☐ Asian ☐ Unknown ☐ Other ☐

6. ETHNICITY Hispanic ☐ Not Hispanic ☐ Unknown ☐	7. HEIGHT Ft. In.	8. DATE OF BIRTH Month Day Year	9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

RESULTS OF INQUIRY

INVESTIGATING OFFICER: _____ DATE _____
(PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

☐ NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION

☐ CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER