

HORSEHEADS FIRE DEPARTMENT
134 N. MAIN STREET
HORSEHEADS, NEW YORK 14845

APPLICATION FOR MEMBERSHIP

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____

PHONE _____ SOCIAL SECURITY NUMBER _____

Are you 18 years of age or older? Yes _____ No _____

Has any court ever convicted you, including a court of military justice, of a felony or misdemeanor? Yes _____ No _____

If yes, state date, place and nature of each conviction _____

Are you a graduate from High School? Yes _____ No _____

From what High School did you graduate? _____

From what college(s) did you graduate? _____

Did/do you serve in the armed forces? Yes _____ No _____

If yes, which branch? _____

Please list below, any schools related to Fire Science, First Aid or any other specialized training you have completed.

(use back of page if additional space is needed)

AGREEMENT

I realize that if _____ is accepted for membership in the Horseheads Fire Department, he/she will be giving part of their time to public service. I further realize that giving some form of public service is the duty of every citizen and I hereby give my consent to this application.

SIGNATURE _____ DATE _____
(spouse, parent or guardian)

The information on this application is true to the best of my knowledge and belief and I understand and agree that any misrepresentation or false statement by me in connection with this application will constitute justifiable cause for the Horseheads Fire Department to terminate my membership.

I understand and agree that all information furnished by this application may be verified by the Horseheads Fire Department. I hereby authorize all individuals and organizations to give the Horseheads Fire Department all information relative to such organizations and the Horseheads Fire Department from any and all liability for any claim or damage resulting there from.

If elected to membership, I agree that I will serve at the will of the Company and the Department. I agree that the rules, policies and regulations of the Company and Department shall bind me, as they are from time to time changed with proper notification to me.

I _____ give permission to the Horseheads Fire
(print name)

Department to further investigate me by any police agency necessary for the approval or dismissal of me becoming a member of the Horseheads Fire Department.

SIGNATURE REQUIRED _____

SIGNATURE OF EMPLOYER _____

PROPOSER'S SIGNATURE _____

APPLICANT'S SIGNATURE _____

APPLICANT'S FEE (\$5.00) PAID _____ NOT PAID _____

RECEIVED BY _____

APPLICATION RECEIVED DATE _____

APPLICATION ACCEPTED DATE _____

Are you currently employed? Yes _____ No _____

If yes, name of employer _____

Occupation _____ Length of time employed _____

Married _____ Single _____ Number of dependents _____

Spouse's name _____

References

May be friends or relatives in the Horseheads Fire Department

1. _____

2. _____

3. _____
(name) (address) (phone)

Have you ever been a member of a paid or volunteer fire department? Yes ___ No ___

If yes, where? _____

I understand that the Horseheads Fire Department is not a social club and that as a member I will be required to give freely of my time to attend all fire calls, drills, meetings and work on committees.

(signature required)

Who to notify in case of emergency _____

Do you have any impairment, physical, mental or medical that would prevent you from performing duties in the position of firefighter? _____

Are you willing to take a physical examination as required by the Horseheads Fire Department? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____

Driver's license number _____ State _____ Expiration _____

SECRETARY'S SIGNATURE _____

**COMMITTEE APPOINTED
SIGN BELOW**

1. _____
2. _____
3. _____
4. _____

LETTER TO VILLAGE BOARD (date) _____

ACCEPTED BY VILLAGE BOARD (date) _____

1-year probation completed and voted on (date) _____

POLICE RELEASE

TO: Horseheads Police Department

FROM: Horseheads Fire Department

RE: Records Check

PRINT CLEARLY:

Name _____
(last) (first) (middle) (maiden)

Date of Birth _____ / _____ / _____

Address _____
(street) (city) (state)

Social Security Number _____ - _____ - _____

I hereby authorize the Horseheads Police Department to release any criminal records and/or police contacts pertaining to myself on file at any Police agency or other office to which I have been a member (i.e. Fire department)

(signature) (date)

TO BE COMPLETED BY THE HORSEHEADS POLICE DEPARTMENT

The above named person shows a criminal record on file at:

Elmira Heights PD	Yes _____	No _____	CCSD	Yes _____	No _____
Elmira Pd	Yes _____	No _____	HPD	Yes _____	No _____
West Elmira PD	Yes _____	No _____	NYSP	Yes _____	No _____

The above named person has attached record(s) on file at the office(s) check marked Yes.

Signature _____

Title _____

Date records check conducted _____