

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

**APPLICATION FOR MEMBERSHIP**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_

DATE OF BIRTH (MO/DAY/YR) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE CARRIER \_\_\_\_\_

EMAIL \_\_\_\_\_

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 \_\_\_\_\_

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)

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## TO BE COMPLETED BY THE HORSEHEADS POLICE DEPARTMENT

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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 \_\_\_\_\_