



8. Are you currently employed? Yes [  ] No [  ]

If "Yes," give employer information below.

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

May we contact your employer as a reference? Yes [  ] No [  ]

9. Do you have a valid New York State Driver's License? Yes [  ] No [  ]

10. Indicate your interest (one or both): Firefighter \_\_\_\_\_ Emergency Medical Service \_\_\_\_\_

11. Please indicate your availability to participate in normally required fire department activities (i.e.; emergency calls, drills, meetings). Please check all appropriate time periods:

Weekdays: Days (8am-4pm) [  ] Evenings (4pm-12am) [  ] Nights (12am-8am) [  ]

Weekends: Days (8am-4pm) [  ] Evenings (4pm-12am) [  ] Nights (12am-8am) [  ]

12. Please list any previous emergency services experience: (include any fire, rescue, police, and emergency medical service agencies)

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

(If more space is required, please give details in the space provided for additional information.)

13. Have you ever been a member of the U.S. Armed Forces? Yes [  ] No [  ]

If "Yes", did you receive an Honorable Discharge? Yes [  ] No [  ]

A discharge other than Honorable is not an absolute bar to membership. This and other factors will affect a final decision on your membership.

If the above answer is "No," give complete details in the space provided for additional information (include service branch and service dates).

14. Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes [  ] No [  ]

If yes, give complete details in the space provided for additional information.

15. Please list three personal references, other than members of this organization, who have known you for at least three (3) years:

a.) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

b.) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

c.) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

16. Please list the names of any acquaintances who are members of this organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Occupational Safety and Health Administration (OSHA) regulations apply to this fire department and require that you pass a physical examination before becoming an *interior* structural firefighter. The department's designated physician will provide you with a free medical examination.

Would you be willing to undergo a medical examination? Yes [  ] No [  ]

18. To facilitate a mandated background investigation by the Livingston County Sheriff's Department for the State of New York, please provide your Social Security Number (SSN), Date of Birth (DOB), and Birthplace (City, State) that will be protected per the confidentiality statement attached to this application.

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Birthplace: \_\_\_\_\_



**Per the Freedom of Information Law, all information contained/or obtained herein will remain confidential and will be used only for internal membership processing.**

In witness whereof, this Application has been subscribed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the undersigned applicant who affirms that the statements made herein are true under penalties of perjury.

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

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Date: \_\_\_\_\_

**Privacy Notification**

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when the information which 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 maintained in your personnel file (if you become a member of this fire department) or in our records for six (6) months (if you are not accepted as a member of this fire department).

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

This information will be maintained by the Secretary of the Lakeville Volunteer Fire Department.



**Lakeville Volunteer Fire Department**  
**5822 Stone Hill Road**  
**Lakeville, NY 14480**

**CONTACTS**

**Emergencies 911**  
**Fire Station 585-346-2402**  
**Fax 585-346-0459**  
**Email lvfd@lakevillevfd.org**  
**Post Office Box 376**

**Applicant's Authorization for Release of Information**

To confirm the information I supplied on my application for membership with the *Lakeville Volunteer Fire Department*, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and organizations, and the military services to disclose their relevant records about me to the *Lakeville Volunteer Fire Department* 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:

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

\_\_\_\_\_  
 Applicant Signature Date

Witness:

\_\_\_\_\_  
 Name and Title (Please Print)

\_\_\_\_\_  
 Witness Signature Date