



# SWORMVILLE FIRE COMPANY

6971 Transit Rd, East Amherst, NY 14051

(716) 688-7055 Fax (716) 688-4736

A 100% Volunteer Organization

## Thank you for your interest in becoming a Member of the Swormville Fire Company!

### Application Instructions:

- Complete all fields of your application.
- Be sure to sign and date in all spots indicated.
- Write legibly.

Complete the background check form and sign and date it. All fields are required in order to process your application.

### First Year Requirements

- Must achieve 35% of Total Activities
- Must attend 10 Drills, 3 of which can be EMS
- Must attend 4 Work Details
- Successful Completion of either
  1. Firefighter 1 and a Certified CPR Course
  2. Basic Exterior Firefighter Operations and an approved EMS Course
- Successfully Pass a 6- and 12-Month Review

Visit [www.SwormvilleFire.com](http://www.SwormvilleFire.com) for more  
Information



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## Membership Application

### Applicant Information

Last Name:	First Name:	Middle Initial:	Date:
Street Address:		City:	State:
		Zip:	
How Long Have You Resided at This Address?	How Long Have You Resided In NY?	Phone Number:	Email:
Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? If yes, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Birth:	Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Applicants must be 16 years of age or older</i>	Do you have a valid New York State driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name (If full time student, list school attending):
May we contact your current employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Person:
	Phone Number:

Were you ever a member of the <b>Swormville Fire Company</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Please list any acquaintances that are members of the <b>Swormville Fire Company</b> :	

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain (use additional sheets if needed):

Have you ever been convicted or pled guilty to a misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? If yes, please explain (use additional sheet if needed):	<input type="checkbox"/> Yes <input type="checkbox"/> No

OSHA regulations 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. Will you be willing to undergo a medical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Education

Name of High School:		Address:	
Attended From:	To:	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of College:		Address:	
Attended From:	To:	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		Address:	
Attended From:	To:	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## References

**List 3 references you have known for more than 3 years (note: references cannot be family members)**

Full Name:		Relationship:	
Address:		Phone:	
Full Name:		Relationship:	
Address:		Phone:	
Full Name:		Relationship:	
Address:		Phone:	
Full Name:		Relationship:	
Address:		Phone:	

## Previous Emergency Services Experience

Name of Agency:		Phone:	
Address:		Contact Person/ Chief at time of membership:	
From:	To:	Reason for Leaving:	
May we contact your previous agency for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, please explain (use additional sheet if needed):		

*Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.*

## Applicant's Authorization for Release of Information

In order to confirm the information, I supplied on this application for membership with the Swormville Fire Company, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military service to disclose their relevant records pertaining to me to the Swormville Fire Company, whether the information be of public, private, or confidential nature. Thus, I release the agencies, companies, services, and institutions from any liability and responsibility from disclosing any relevant records.

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 Name (please print)

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

\_\_\_\_\_  
Date

**If applicant is under 18 years of age, a parent or guardian must sign as a witness:**

\_\_\_\_\_  
Witness Name (please print)

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

\_\_\_\_\_  
Title (print)

\_\_\_\_\_  
Date

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

### PRIVACY NOTIFICATION

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

- (1) The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.
- (2) The information obtained will:
  - a. Be used to determine your qualifications for the position for which you are applying.
  - b. Be released to the Fire Chief, President of the Swormville Fire Company, Board of Directors of the Swormville Fire Company, and your potential supervisor.
  - c. Be maintained in your personnel file permanently if you become a fire department member or for an appropriate period (as determined by the Fire Company Board of Directors) if you do not become a fire department member.
- (3) Failure to provide the information or authorization will result in dismissal of your application for membership.

The secretary of the Swormville Fire Company will maintain your personal information. The secretary may be contacted using the address or phone number listed at the top of this application.

**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 the penalties of perjury.**

Applicant Signature: \_\_\_\_\_

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

Witnessed By (Signature): \_\_\_\_\_

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

**For Fire Department Use Only**

Date Received:	Received By:
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**COMPANY MEETING ANNOUNCEMENT**

Date of meeting:
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**INTERVIEW COMMITTEE INTERVIEW AND RECOMMENDATION**

Date of meeting: \_\_\_\_/\_\_\_\_/20\_\_\_\_

The Interview Committee recommended the applicant be:	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
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The recommendation concurred by a majority of the following Interview Committee members:		

**PROBATIONARY VOTE OF MEMBERSHIP**

Application voted on by secret ballot at the regular meeting of the Swormville Fire Company on \_\_\_\_/\_\_\_\_/20\_\_\_\_

Record of ballot: \_\_\_\_ for acceptance      \_\_\_\_ for rejection

Witnessed by:

\_\_\_\_\_  
Interview Committee Chair

**APPLICANT CONSIDERATION BY THE SWORMVILLE BOARD OF DIRECTORS**

Applicant appeared at the Swormville Board of Directors Meeting on: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
**Pending successful completion of physical examination.**     

**PHYSICAL EXAMINATION**

Date of physical exam: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**ORIENTATION**

Date of orientation: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**MEMBERSHIP TERMINATION**

Membership termination date: \_\_\_\_/\_\_\_\_/20\_\_\_\_      Reason for termination: \_\_\_\_\_



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## CONFIDENTIAL Background Check Information Form

### Applicant:

Please complete this form in its entirety and return it with your application.

All information contained or obtained herein will remain confidential and will be used only for membership and background check processing.

Last Name:	First Name:	Middle Initial:	Date:
Street Address:	City:	State:	Zip:
Alias and/or Maiden Name:			
Previous Address (if any):			

Driver's License #:	Driver's License Class:	Social Security Number:
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Date of Birth:	Age:	Place of Birth:
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<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<b>Racial Appearance</b> <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Height:
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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 Name (please print)

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

\_\_\_\_\_  
Date

**If applicant is under 18 years of age, a parent or guardian must sign as a witness:**

\_\_\_\_\_  
Witness Name (please print)

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

\_\_\_\_\_  
Title (print)

\_\_\_\_\_  
Date