



Oriskany Independent Fire & Hose Company Inc.

PO Box 217, 708 Utica Street
Oriskany, New York 13424
(315) 736-3221

WWW.Oriskanyfd.com

Application For Active Membership

Name: (Last, First, Middle):	Social Security #	-	-
Current Street Address:	PO Box:		
City, State, Zip:	How long living there:		
Phone: (H):	(W):	(C):	
Position Applying For: <input type="checkbox"/> FIREFIGHTER <input type="checkbox"/> EMS <input type="checkbox"/> Fire Police <input type="checkbox"/> Probationary (Jr 16-17 YR)			

Section 1: Personal Data

Birth Date:	<input type="checkbox"/> 16/17	<input type="checkbox"/> Under 21	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Occupation:				
Drivers License #	State:	Class	Exp. Date	
Height	Weight	Age		
Has your driver's license ever been suspended /revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, explain giving dates, etc.				

Section 2: Emergency Contact Information

Name	Relationship
Address	
Phone (C)	(H) (W)
Doctors Name	Phone
Present Physical Condition	
Are you currently under the care of a physician for any reason?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Have you ever been on Workmen's Compensation or Disability?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
**If yes, please state care, dates and nature of injury:	
Medical Report: TO BE COMPLETED BY YOUR PHYSICIAN:	
This is to certify that the above named applicant was examined by me on _____ and I find his/her physical condition suitable for (check one): All Duties Restricted Duties None Medication	
Physicians Signature:	Date



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Section 3: Background Information

Have you ever been arrested or convicted of a violation or crime of any Federal, State or Local Law, insurance fraud, a reduction of any of these charges or are you presently under investigation for any civil or criminal violations of Federal, State or Local Laws? (Including traffic violations)

_____ No _____ Yes - if yes, explain: _____

NYS Law prohibits membership to a fire company after conviction of any type of arson and will be checked for in a background history.

Set forth additional information as to maiden name, prior married name, any change in your name or use of an assumed name or nickname necessary to enable a check on your eligibility for membership _____ No _____ Yes List _____

Have you ever been a member of the US Armed Forces _____ No _____ Yes
If yes Branch _____ Served from _____ to _____
If yes Type of Discharge? _____
(a dishonorable discharge does not bar you from membership)

Section 4: Work History

Current Employer:	Years Employed there:
Employer: Address	Phone #:
May we contact your employer as a reference: _____ No _____ Yes - if so who to contact: _____	
Past Employer:	Years Employed there:
Employer: Address	Phone #:
May we contact your employer as a reference: _____ No _____ Yes - if so who to contact: _____	

Section 5: Personal References

Please list 3 references that are not members of the Fire Department (indicate phone number)		
1)	2)	3)
Please list any acquaintances that are members of the Fire Department		



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Section 6: Prior Experience/Availability

Have you ever served with another fire or ems agency in the past ____ No ____ Yes

If yes, list agency years of service and reason for leaving_____

Please provide a letter from the prior fire department indicating such

What is the highest rank you have held _____

Do you have any specialized training_____

(Please provide copies of any certifications and training that you have had)

What hours are you normally available for duty: (circle)	Days	Evening	Nights	Weekdays	Weekends
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Section 7: Interview

Please indicate your reason for wanting to join the fire company:

General Information:

It is expected of every member to attend as many meeting, drills, calls for service and details as they can. **An application fee of \$5.00 must accompany this application or it will not be considered.** Yearly dues, following acceptance will be in accordance with the Constitution and By-Laws of the department.

Section 8: Affirmation of application

I hereby certify that all of the information I have supplied in this application is TRUE and COMPLETE to the best of my knowledge and that any false information on this application shall be considered sufficient cause for denial of membership. I hereby consent to the Oriskany Independent Fire and Hose Company, Inc. and its representatives to verify this information by any means, including a **CRIMINAL HISTORY, MEDICAL, DRIVING RECORD AND BACKGROUND CHECK.** I also, if selected into membership, agree to abide by the Constitution and By-Laws of the Oriskany Independent Fire and Hose Company, Inc. now in effect or any subsequent additions or revisions.

Signature: _____ Date: _____

If under the age of 18, a parent or guardian must sign

Parent/Guardian: _____ Date: _____

Member Endorsement: Must be endorsed by two members of the company before submission:

Member 1: (sign and print)_____ Member 2: (sign and print)_____



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Authorization for release of Health Service or Treatment and other Information

This authorization or photocopy thereof, will authorize all licensing agencies, educational institutions, law enforcement agencies, military service and present/past employers to disclose their relevant records about me including any treatment or care given to me, including medical history, x-rays, health findings, diagnosis and prognosis, past arrest, and/or convictions in violation of any Federal, State or Local Law, whether the information be of public, private or confidential nature to the Oriskany Independent Fire and Hose Company, Inc. I also release them from any liability and/or responsibility from doing so.

This authorization, in original or copy form, shall be valid for this and any future information, reports or updates that may be requested so long as I still a current member of the Oriskany Independent Fire and Hose Company, Inc.

I understand that this form will accompany request for official documents and confirmation of my credentials

Applicant's Name (Print)_____

Applicant's Signature:_____Date:_____

Guardian Signature (if under 18 years old)_____Date:_____

Witnessed by: (print) _____ Signature: _____ Date:_____

******Attached to the application you will also find a criminal history check as required by law. Please fill in only boxes 2-12 and 14, return with application and we will fill in rest.**

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 collect from you. The authority to request and confirm personal information 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 for
- Be released to the Fire Chief and your potential supervisors, and
- Be maintained in your personal file (if you become a member) or in our temporary member file for six months both maintained by the Fire Chief

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

The information will be maintained by the Oriskany Independent Fire and Hose Company, Inc. at the fire station and maintained along with other membership information in a locked file.



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Application For Active Membership

For Membership Committee / Department Use Only

The following items are to be completed, signed and dated by the Secretary, committee members and Chief or designee's.

Membership application completely filled out and submitted	_____ Yes	_____ No
Application received with 5.00 fee	Date_____	By:_____
Application brought before body at _____meeting		
Investigative Committee	Forwarded application on _____	
	Background Submission Date:_____	
	Background Returned Date:_____No Arson Conv / Yes Arson Conv	
	Interview Date:_____	
	Committee Member:_____	
	Committee Member:_____	
	Committee Member:_____	
	Committee Member:_____	
	Committee Member:_____	
	Favorable / Unfavorable recommendation to body	
	Committee member comment section (If applicable)_____	
Application brought back up to business meeting on _____ for vote. Membership granted / denied		
Name of member forwarded to Village Board for approval of membership on _____.		
Return letter of acceptance / refusal from Village Board on _____.		
Applicant notified of acceptance / refusal and application process closed on _____.		