



## Oriskany Independent Fire & Hose Company Inc.

P.O. Box 217, 708 Utica Street  
Oriskany, NY 13424-0217  
(315) 768-3221 | [www.oriskanyfd.com](http://www.oriskanyfd.com)

# MEMBERSHIP APPLICATION

Thank you for considering membership in the Oriskany Fire Department. You have taken the first step at joining an organization that touches those far beyond the limits of our fire district and becoming part of an ongoing tradition of neighbors helping neighbors since 1900.

We would like to take a moment to explain our application process. Once your application is received (*completed, signed by your doctor, and accompanied by a \$5.00 initiation fee*), it will be brought before the entire membership at the next monthly meeting (*the first Tuesday of every month*). A date will be set up to meet with the investigation committee so they can interview you. After this committee meets with you, they will make their recommendation to the body at the next regular meeting. A vote of the members present will be held to determine your acceptance or rejection. If you are accepted, your name will then be forwarded to the Village Board for final approval and placement on the departments insurance. In-case of injury during duty.

The entire process take well over a month (*it depends on when your application is turned in*). Your application will be brought the department's attention at one meeting and then voted on the following meeting (*usually 30 days or so*).

The last page of this document contains instructions on how to fill out this application. If you have questions, please contact any member, they should be able to assist you. Or you can contact the fire station and someone will return your call (315) 736-3221.

Again, thank you and hopefully we can welcome you aboard shortly.

### 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. 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.

# ORISKANY INDEPENDENT FIRE & HOSE COMPANY INC. **MEMBERSHIP APPLICATION**

**Position applying for:**

☐ Firefighter   ☐ EMS   ☐ Fire Police   ☐ Fire Department Auxiliary   ☐ Probationary (Jr. - 16-17 yr. old)

Name (Last, First, Middle):			Social Security #:
Current street address:			PO box:
City:	State:	Zip:	How long living there:
Cell phone #:	Home phone #:		Work phone #:
Email address:			

**Emergency contact information**

Name:		Relationship:
Address:		
Cell phone #:	Home phone #:	Work phone #:

**Drivers license. PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE**

Drivers license #:	State:	Class:	Exp. date:
Has your driver's license ever been suspended/revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes. Explain giving dates, etc.:			

**Personal/medical information**

Birth date:	<input type="checkbox"/> 16-17 yr. old <input type="checkbox"/> Under 21 <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height:	Weight:	Age:	
Doctors name:		Phone #:	
Present physical condition:			
Are you currently under the care of a physical 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, and I find his/her physical condition suitable for (check one): <input type="checkbox"/> All duties <input type="checkbox"/> Restricted duties <input type="checkbox"/> None <input type="checkbox"/> Medication		
Date examined:	Physicians signature:	Today's date:

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## Work history

Occupation:	
Current employer:	Years of employment:
Employer address:	Phone #:
May we contact your employer as a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, contact:
Past employer:	Years of employment:
Employer address:	Phone #:
May we contact your employer as a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, contact:

## Background information

<p>Have you ever been arrested or convicted of a violation or crime of any Federal, State or Local Law, insurance fraud, a deduction 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, explain:</p>		
<p>New York State Law prohibits membership to a fire company after conviction of any type of arson and will be checked for in a background history.</p> <p>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 you eligibility for membership: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, list:</p>		
<p>Have you ever been a member of the US Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
If yes, Branch:	Served from:	to:
<p>If yes, what type of Discharge (a dishonorable discharged does not bar you from membership):</p>		

## Personal references

Please list 3 references that are not members of the Oriskany Fire Department and their phone number.

1st Reference name:	Phone #:
2nd Reference name:	Phone #:
3rd Reference name:	Phone #:
<p>Please list any acquaintances of the Oriskany Fire Department:</p>	

## ORISKANY INDEPENDENT FIRE & HOSE COMPANY INC. **MEMBERSHIP APPLICATION**

### **Prior experience/availability**

Have you served with another Fire or EMS Agency in the past? ☐ Yes ☐ No

If yes, list Agency years of service:

Reason for leaving (please also 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 certificates and training that you have had):

What hours are you normally available for duty (select all the apply):

☐ Days ☐ Evenings ☐ Nights ☐ Weekdays ☐ Weekends

### **Interview**

Please indicate your reason for wanting to join the Oriskany Independent Fire & Hose Company Inc.:

### **General information:**

- It is expected of every member to attend as many meetings, drills, calls for service, and details as they can. In accordance to the membership classification the have applied for.
- 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 Bylaws of the department.

*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 this application and we will fill in the rest.*

## ORISKANY INDEPENDENT FIRE & HOSE COMPANY INC. **MEMBERSHIP APPLICATION**

### **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 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 Bylaws of the Oriskany Independent Fire and Hose Company, Inc. now in effect or any subsequent additions or revisions.

Your Signature:	Today's date:
Parent/guardian signature (if under 18 years old):	Today's date:

### **Member endorsement. MUST BE ENDORSED BY TWO MEMBERS OF THE COMPANY BEFORE SUBMISSION**

1st Member endorsement name (print):	1st Member endorsement signature:
2nd Member endorsement name (print):	2nd Member endorsement signature:

### **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, an/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 am a current member of the Oriskany Independent Fire and Hose Company Inc.

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

Applicant's name (print):	
Applicant's signature:	Today's date:
Parent/guardian signature (if under 18 years old):	Today's date:
Witnessed by (print):	
Witnessed by signature:	Today's date:

# ORISKANY INDEPENDENT FIRE & HOSE COMPANY INC. **MEMBERSHIP APPLICATION**

## **FOR MEMBERSHIP COMMITTEE / DEPARTMENT USE ONLY**

The following items are to be completed, signed and dated by the Secretary, committee members, and Chief or designated persons.

Membership application completely filled out and submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Application received with \$5.00 fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	By:
Application brought before body on this date:		

### **Investigative Committee:**

Forwarded application on:
---------------------------

Background submission date:	
Background returned date:	<input type="checkbox"/> Yes Arson Conviction <input type="checkbox"/> No Arson Conviction

Interview date:
1st Committee member:
2nd Committee member:
3rd Committee member:
4th Committee member:
5th Committee member:

Recommendation to body: <input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable
Committee member comment section (if applicable):

Application brought back up for vote at meeting on:	Member: <input type="checkbox"/> Granted <input type="checkbox"/> 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::	



**NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES**  
**Office of Criminal Justice Operations**  
**Volunteer Firefighter Inquiry Form**

*INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.*

A. DATE:

*This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.*

*Shaded boxes are required data elements.*

**B. REQUESTING VOLUNTEER FIRE DEPARTMENT**

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M

F

☐☐

5. RACIAL APPEARANCE

White

Black

Indian

Asian

Unknown

Other

☐☐☐☐☐☐

6. ETHNICITY

Hispanic

Not Hispanic

Unknown

☐☐☐

7. HEIGHT

Ft.

In.

8. DATE OF BIRTH

Month

Day

Year

☐☐☐

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: \_\_\_\_\_ DATE \_\_\_\_\_  
(PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE \_\_\_\_\_

☐ NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION

☐ CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER

RESULTS OF INQUIRY

# INSTRUCTIONS

- **Privacy notice:** This is a notice informing you under the law, what and how we use your information and the storage of the same.
- **Position applying for:** there are five selections, select one.
- **Emergency contact:** This information will be added to your personal folder in the event of an emergency.
- **Drivers license\*:** Fill in this information, and supply a copy of your drivers license with this application. If you do not have a license leave blank.
- **Personal/medical information:** Fill in all your personal/medical information.
- **Medical report:** To be completed and signed by your physician.
- **Work history:** A brief history of your employment and field of specialty if applicable.
- **Background information\*\*:** Please note that this section asks arrest and/or conviction info. Unless it is an arson conviction, you are not automatically barred from membership.
- **Personal references:** Please list three references with phone numbers that are not members of the fire company that you have known for at least five years.
- **Prior experience:** List any prior Fire or EMS experience even if it is not associated with a Fire Company or Ambulance. Also list the time you may be available for calls, training and other functions (availability is not definitive time frame and can change).
- **Interview:** Each member is asked why they would like to become a members. Briefly explain your reason.
- **Affirmation:** Please sign (if under 18, a parent must also sign) stating that all the information on the application is true and accurate.
- **Endorsement:** The application must be signed by at least two current members in good standing of the fire department.
- **Health Insurance Portability and Accountability Act (HIPAA) Compliant Health Information Release:** This must be filled in for medical history reasons. Please sign and date so your personal file can be up to date.
- **Secretary's Endorsement and Investigating Committee:** Leave Blank - Department Use Only.

\* \*\*Attached to this application is a criminal history form. You must place the appropriate information in boxes 1-10. It must then be returned with the application and must be legible. Please include a copy of your drivers license also.

If you remember to initial all the pages in this form you get a sticker!