



MEMBERSHIP APPLICATION

SNYDER FIRE DEPARTMENT



4531 MAIN STREET, SNYDER, NEW YORK 14226

ADMINISTRATION OFFICES: (716) 839-3440 FAX (716) 839-1160

Organized: December 20, 1915

A 100% Volunteer Organization

Incorporated: April 13, 1916

1. Last Name _____ First Name _____ M.I. _____
2. _____ SEX _____ AGE _____ DOB _____
Maiden Name, Alias or Nickname _____ M or F _____ Date of Birth _____
3. Place of Birth _____ Height _____ Weight _____
City and State _____ Feet – Inches _____ lbs. _____
4. Social Security Number: _____ Marital Status _____ Number of Dependents _____
(Do not include yourself)
5. Do you have a valid Driver's License? _____ License #: _____ State _____ Class _____
6. Are you a legal resident of the United States of America? Yes _____ No _____
7. Current Address: _____
Number and Street _____ Apt./Suite No. _____
Town/Village _____ State _____ Zip Code _____
8. How long have you resided at the above address? Years _____ Months _____
How long have you resided in New York State? Years _____ Months _____
9. Previous Address: List any previous address within the Town of Amherst and/or any previous address if you have resided at the above address less than 5 years. Attach additional pages to this application if more than one address must be listed.
Number and Street _____ Apt./Suite No. _____
Town/Village _____ State _____ Zip Code _____
10. Telephone: Home: () _____ Work: () _____
e-mail: _____ Pager: () _____
11. Employer: Company Name: _____
Address: _____
Number and Street _____ Apt./Suite No. _____
Town/Village _____ State _____ Zip Code _____
Telephone: () _____ Fax: () _____
May we contact your employer as a reference? Yes _____ No _____
If Yes, Contact Name: _____ Title: _____
12. Please indicate your availability to participate in normally required Fire Department activities.
(emergency calls, meetings and training)
Please check all appropriate time periods for which you would normally be available:
Monday through Friday: Days _____ Evenings _____ Nights _____
Saturday and Sunday: Days _____ Evenings _____ Nights _____
13. Education: Indicate the highest level of Education completed:
Grade School _____ High School _____ Some College _____ College Degree _____
List Highest College Degree Awarded _____

If full-time student list school you are attending

14. Previous Experience: Complete the following only if you have any previous experience with an Emergency Services Provider (include fire, rescue, police and emergency medical services). Attach additional pages to this application if more than one address must be listed.

Name of Agency: _____

Address: _____

Number and Street	Apt./Suite No.	
Town/Village	State	Zip Code

Years of Service: _____ Contact Person: _____

15. Training: List any training, education, and/or courses that you have completed that directly relate to emergency services.

16. Military Experience: Have you ever been a member of the United States Armed Forces? Yes _____ No _____

If the answer is "Yes" complete the following.

Service Branch _____ Service Dates _____

Did you receive an honorable discharge? Yes _____ No _____

If you answered "No" give complete details regarding your military discharge below:

17. Background: Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? Yes _____ No _____

If you answered "Yes" give complete details below:

List three personal references, other than members of this organization, who have known you for at least 3 years.

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

List the names of any acquaintances that are members of the Snyder Fire Department:

18. Physical: All applicants must pass a physical examination for interior structural firefighter prior to membership acceptance. The Snyder Fire District's designated physician or health care provider must perform this medical examination. The Snyder Fire District will pay the cost of this medical examination. Do you agree to undergo this medical examination? Yes _____ No _____

FOR FIRE DEPARTMENT USE ONLY

Date Received: _____ Received By: _____

FIRST READING

Application read at the regular Fire Department Meeting of: ____ / ____ / 20____

EXAMINING BOARD REVIEW

Applicant interviewed at the Snyder Fire Department Examining Board Meeting of ____ / ____ / 20____

The Examining Board recommends that the applicant be: Approved ____ Rejected ____

This recommendation concurred by a majority of the following Examining Board Members:

SECOND READING / MEMBERSHIP VOTE

Application voted on by secret ballot at the Snyder Fire Department regular meeting of ____ / ____ / 20____

Record of Ballot: For Acceptance ____ For Rejection ____

Witnessed By:

Duly Appointed Teller

Duly Appointed Teller

Duly Appointed Teller

APPLICANT CONSIDERATION BY SNYDER FIRE DISTRICT

Applicant appeared at the Snyder Fire District Board Of Fire Commissioners Meeting of ____ / ____ / 20____

Board Of Fire Commissioners: Approves membership ____ Rejects membership ____

Pending successful completion of physical examination.

PHYSICAL EXAMINATION

Date of examination ____ / ____ / 20____ Approved as structural firefighter ____

Rejected as Structural Firefighter ____

FINAL PROBATION VOTE

Application voted on by secret ballot at the Snyder Fire Department regular meeting of ____ / ____ / 20____

Record of Ballot: For Acceptance ____ For Rejection ____

Witnessed By:

Duly Appointed Teller

Duly Appointed Teller

Duly Appointed Teller

MEMBERSHIP TERMINATION

Membership termination date: ____ / ____ / 2____

Reason for Termination: _____