



SNYDER FIRE DEPARTMENT

Membership Application

Thank you for your interest in becoming a Snyder Firefighter!

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.

Membership Types

The Snyder Fire Department has two types of membership options:

On-Call Membership:

- Must reside within the fire district residency borders.
- Achieve attendance requirements by responding to calls.
- Attend an annual minimum of 8 firemanic drills, 2 EMS drills, and 2 work details.

Duty Shift Membership:

- There are no residency requirements.
- Achieve attendance requirements by working a set number of hours as shifts at the firehouse.
- There are no squad assignments.
- Attend an annual minimum of 8 firemanic drills, 2 EMS drills, and 2 work details.

Visit www.snyderfd.com for a more information



SNYDER FIRE DEPARTMENT

4531 Main Street, Snyder, NY 14226
(716) 839-3440 Fax (716) 839-1160

Application type – check one: <input type="checkbox"/> On-call membership <input type="checkbox"/> Duty shift membership

Organized: December 20, 1915

A 100% Volunteer Organization

Incorporated: April 13, 1916

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
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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 May we contact your current employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name (If full time student, list school attending): <hr/> Contact Person: <hr/> Phone Number:

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

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:

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 Snyder Fire Department, 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 Snyder Fire Department and / or the Snyder Fire District, whether the information be of public, private, or confidential nature. Thus, I release the aforementioned 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 Snyder Fire Department, Board of Fire Commissioners of the Snyder Fire District, and your potential supervisor.
 - c. Be maintained in your personnel file permanently if you become a fire department member or for an appropriate period of time (as determined by the Fire Department Examining Board and /or the Snyder Fire District) 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 Snyder Fire Department and the secretary of the Snyder Fire District will maintain your personal information. Either 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: _____

COMPANY MEETING ANNOUNCEMENT

Date of meeting: _____

EXAMINING BOARD INTERVIEW AND RECOMMENDATION

Date of meeting: ____ / ____ / 20____

The Examining Board recommended the applicant be: Approved Rejected

Membership type: On-Call Member Duty Shift Member

The recommendation concurred by a majority of the following Examining Board members:

APPLICANT CONSIDERATION BY THE SNYDER FIRE DISTRICT

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

Commissioners voted to: Approve Reject

Pending successful completion of physical examination.

PHYSICAL EXAMINATION

Date of physical exam: ____ / ____ / 20____

ORIENTATION

Date of orientation: ____ / ____ / 20____

PROBATIONARY VOTE OF MEMBERSHIP

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

Record of ballot: _____ for acceptance _____ for rejection

Witnessed by:

Duly Appointed Teller

Duly Appointed Teller

Duly Appointed Teller

MEMBERSHIP TERMINATION

Membership termination date: ____ / ____ / 20____ Reason for termination: _____



Snyder Fire Department

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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 Amherst 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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Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Racial Appearance <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Height:
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Applicant's Authorization for Release of Information

In order to confirm the information I supplied on this application for membership with the Snyder Fire Department, 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 Snyder Fire Department and / or the Snyder Fire District, whether the information be of public, private, or confidential nature. Thus, I release the aforementioned 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