



Akron Fire Company Inc

1 Main Street
Akron, NY 14001
(716) 542-9091
www.akronfirecompany.com

Membership Application

Membership is open to all applicants with a minimum age of 16 for limited active membership and a minimum age of 18 for active membership with out regard to race, age, color, national origin, marital status, creed, sex, or physical disability. All applicants must be able to perform the essential tasks of firefighting and other emergency response activities outlined in NFPA 1582, Standard on Medical Requirements for Fire Fighters, without posing significant safety and health risk to themselves, members, and civilians.

Please fill out the application pages one through four to the best of you ability. Please print legible.

Full Name: _____ SS#: _____
Address: _____ Date of Birth: _____
Cell phone: _____ Email address: _____
How long have you resided at your current address? Years _____ Months _____
How long have you resided in New York State? Years _____ Months _____
Are you 18 years of age? (circle) **YES / NO** If not how old are you? _____
Are you a citizen of the United States? (circle) **YES / NO**
If not, do you possess an Alien Registration Card? (circle) **YES / NO**
Have you previously filed an application for membership with our organization? (circle) **YES / NO**
If yes, when? _____

Are you currently employed? (circle) **YES / NO** If yes please complete the following information:

Name of employer: _____
Address: _____
Phone number: _____
What are your scheduled hours to work? _____
May we contact you employer as a reference? (circle) **YES / NO**

Do you have a valid NYS driver's license? (circle) **YES / NO** If yes, please provide us with a copy.

Have you had your driver's license suspended or revoked in the last three (3) years? (circle) **YES / NO**

If, yes, please explain: _____

Have you ever been convicted of or pled guilty to a felony, misdemeanor, arson, insurance fraud or reduction of any of these offenses? (circle) **YES / NO** If yes please explain on separate sheet of paper

Have you ever been in the armed forces? (circle) **YES / NO** Years: _____ Branch: _____

If yes have you ever been dishonorably discharged? (circle) **YES / NO** If so please explain: _____

: _____

Do you have any previous emergency services experiences? (circle) **YES / NO**

If so please complete the following:

Agency name: _____

Address: _____

Phone Number: _____

Contact person: _____ May we contact them? (circle) **YES / NO**

Time with organization: _____

Please list any applicable training that you have (please include copies of certificates):

: _____

: _____

: _____

Please provide three References (people over 21yrs of age and not related to you)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

What is your highest level of education? _____. Please list any degrees, diplomas, specialized training, skills or certifications that you have received:

Do you have any physical, mental or medical impairment or disability that would limit your job performance? YES / NO. If yes, please explain:

As part of this Application and in compliance with OSHA regulations, you are required to have a physical examination provided at our cost and completed by our insurance provider.

Availability for Membership: (circle) Day Worker / Evening Worker / Night Worker

Are you available to attend evening meetings and drills? (circle) **YES / NO.**

If no, please explain: _____

Please explain why you wish to become a member of the Akron Fire Company:

: _____

: _____

: _____

: _____

: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Alternate Phone Number: _____

Applicants signature: _____ Date: _____

Sponsor: _____

Record Release

I, _____ do here by GRANT PERMISSION TO THE Membership Committee and Executive Board of the Akron Fire Company Inc., and any party, agency or member of the above mentioned Membership Committee and Executive Board to investigate any criminal history or record I may have. I also grant permission to the above stated parties to obtain disclosure of any criminal, medical, psychiatric or driving records I may have, whether said records may be public or private in nature.

I authorize any former employer, school, institution, individual, corporation, association, state or federal agency to provide any information they may have concerning my back ground to the Executive Board or its authorized representatives. I further release all parties from all liability resulting from the furnishing of this information. A photocopy or facsimile transmission of this authorization may be considered as valid as the original.

I am aware that a background investigation may lead to rejection of my application for membership, and I absolve any member of the Akron Fire Company, Inc., from civil action on my part, which may result from said rejection. I certify that I have read, understand, and agree with the statements made in this application. I have truthfully, accurately, and completely answered all questions and understand that any falsification or deliberate omission of any information by me may be considered sufficient cause for denial of membership.

I also understand that my acceptance into the Akron Fire Company, Inc., is dependent upon the successful completion of a physical examination by a physician, which must be completed prior to my consideration for membership before the Membership Committee and Executive Board.

I promise, if accepted into membership, to obey the constitution and by-laws and all regulations of the Akron Fire Company, Inc., and to perform my duties honestly and ethically.

Applicant Signature: _____ Date: _____

Applicant Name Printed: _____

Witness Signature: _____ Date: _____

Witness Name Printed: _____

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For Fire Department use only:

Pre Membership Committee:

Date application received: _____

Date Contacted by Recruitment Officer and comments: _____

: _____

Date Physical Completed: _____

Date Arson Background check completed: _____

Date prospective member called to attend Fire Council: _____

Membership Committee

Date: _____

: _____

: _____

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Please refer to the new member packet after this point. Application is to be placed in personnel file regardless of outcome.