

Application for Membership

BLACK RIVER FIRE DEPARTMENT, INC.

Black River, New York

DATA REQUIRED BY PRIVACY ACT 1974 & NY STATE FIRE SERVICE LAWS 1999

AUTHORITY: Black River Fire Department, Inc. constitution and by-laws.

PRINCIPAL PURPOSE: To ensure sufficient information to make inquiries into potential membership of the applicant named below.

ROUTINE USES: Information is used for official purposes within the Black River Fire Department to respond to requests for membership and to determine the acceptability of the applicant.

DISCLOSURE: Providing social security number and other personal information is voluntary. However, failure to provide complete information may hinder proper clearance of the applicant and successful acceptance for membership.

ARSON CONVICTION BACKGROUND CHECK: Under chapter 423 Law of 1999, any person who applies for membership in a fire department is required to authorize the submission of his or her name and other identifying information to the NY State Division of Criminal Justice Services, which is required to search its files to determine if the applicant has been convicted of arson.

DRIVER'S LICENSE/CRIMINAL BACKGROUND CHECK: A background check is a prerequisite to operate department vehicles. All applications will be forwards to the Black River Village Board of Trustees for approval.

Last Name		First Name		MI	M/F	DOB	SSN
		Racial Appearance				Ethnicity	
		White	Black	Indian	Asian	Unknown	Other
						Hispanic	Not Hispanic
						Unknown	
Alias/Maiden Name							
Height (Ft. In.)		Place of Birth (City, State)					
Present Address						Telephone Number	
Previous Address							

Are you a legal resident of the U.S.? Yes _____ No _____

Are you in sound physical and mental health? Yes _____ No _____

Have you ever been convicted of a crime or felony? Yes _____ No _____

(This does not include traffic violations)

If so, what were the convictions for? _____

What is your driver's license number and state of issue? _____

Years of education completed _____

Military Service? Yes _____ No _____ Branch _____ Type of discharge _____

Employer	Name	Address	Telephone
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REFERENCES: List three, including name, address, position, and telephone number. Do not list relatives.

1. _____

2. _____

3. _____

Prior Fire Service? Yes _____ No _____

Fire service qualifications:

Remarks:

I certify that all information provided by me on this form is true to the best of my knowledge, and if found to be untrue, I realize that I may be refused membership or expelled. If accepted, I agree to abide by the By-Laws of this organization. I acknowledge that I must attend and complete the NY State Fire Fighter 1/ Scene Support/Fire Police, as applicable, within two years after joining the Department. A physical is required to become a member.

By signing this application, I give permission for the Black River Fire Department the right to request a driver's license check, arson investigation, and criminal background check from the state of New York.

Applicant's signature _____

Date _____

Secretary's signature _____

Date _____

Arson investigation _____

Date _____

References _____

Date _____

Interview _____

Date _____