

# CHENANGO BRIDGE FIRE COMPANY, INC.

Station 1 | 17 Kattelville Road

Station 2 | 320 Kattelville Road

P.O. Box 12 Chenango Bridge, N.Y. 13745

Phone (607) 648-5742

Fax (607) 648-5766

## APPLICATION FOR MEMBERSHIP

Fire Fighter/EMS       EMS       Associate Member

Date _____
Full Legal Name _____ Sex _____
Home Phone _____ Cell Phone _____
Present Address _____ City / State: _____ Zip _____
How long have you resided at the above address: _____
Mail Address _____ City / State: _____ Zip _____
E-Mail Address: _____
Date of Birth: _____ Social Security Number: _____ Height: _____ Weight: _____
Eye Color: _____ Hair Color: _____
Racial Appearance Circle One:    White    Black    Am. Indian    Japanese    Chinese    Other
Place of Birth _____ Ethnicity: Hispanic    Non-Hispanic
Driver's License Number: _____ State: _____ Class : _____
Marital Status: _____ Maiden Name _____ Spouse Name _____

### EDUCATION: (Please check one of the following)

High School       Some College       College Graduate       Graduate Studies

High School Attended \_\_\_\_\_

College Attended \_\_\_\_\_

Highest Grade / Degree Earned: \_\_\_\_\_

### MILITARY SERVICE:

Did you serve in the armed forces of the United States?  Yes     No

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Did you receive a discharge which was honorable or released under honorable circumstances?  Yes     No

**MEDICAL RECORDS:**

OSHA regulations and Chenango Bridge Fire Company Policy require the applicant to pass a physical examination annually. The department's designated physician will provide a medical examination at no cost to you. Are you willing to undergo a medical examination?  Yes  No

Do you have any disabilities, physical impairments, or health related problems which would limit your activity in the fire company?  Yes  No

If so, what? \_\_\_\_\_

**REASON FOR VOLUNTEERING:** (Please check one of the following)

- Dept Member       Family Member       Friend       Billboard       Cinema Ad       Internet Ad  
 Newspaper Ad       Radio Ad       TV Ad       Social Media       FireInYou Website  
 Other \_\_\_\_\_

**LAW ENFORCEMENT RECORDS:**

Have you ever been convicted of or pled guilty to any felony, misdemeanor, insurance fraud, arson, or a reduction of any of these offenses?  Yes  No

If Yes, please provide the full details in the space below:

**NOTE: Under NYS law, the conviction of certain crimes makes an applicant ineligible for membership. The Chenango Bridge Fire Company reserves the right to exercise its discretion in determining an application for membership and the conviction of certain crimes can affect the final membership determination.**

I hereby give my consent for the Chenango Bridge Fire Company to conduct a background check as part of this application process.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CHARACTER REFERENCES:**

Three-character references are required. References may not be family members and should be known for a minimum of two (2) years. The Chenango Bridge Fire Company may contact these references

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Time Known: \_\_\_\_\_

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**PREVIOUS FIREFIGHTING/ EMS EXPERIENCE:**

Have you ever belonged to another Fire Company? \_\_\_\_\_ When? \_\_\_\_\_

Name of Fire Company: \_\_\_\_\_ Chief: \_\_\_\_\_

Address of Fire Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Experience: Fire \_\_\_\_\_ EMS \_\_\_\_\_ Rescue \_\_\_\_\_ Medical \_\_\_\_\_ Law Enforcement \_\_\_\_\_

Positions / Offices held \_\_\_\_\_

Have you ever completed a *Basic Firefighter Operations or equivalent*?  Yes  No Date \_\_\_\_\_

Please list any other Fire or EMS courses or training you have completed and the date of completion \_\_\_\_\_

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Do you have any other fire or EMS experience you feel would be important? \_\_\_\_\_

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**EMPLOYMENT HISTORY:**

Are you currently employed?  Yes  No

Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

May we contact your employer as a reference?  Yes  No

Hours worked per week: \_\_\_\_\_ Days worked during week: \_\_\_\_\_

**AFFIDAVIT OF CONSENT:** (Applicable if under the age of 18)

I, \_\_\_\_\_ being a parent or guardian of \_\_\_\_\_ do hereby make affidavit that he/she has my full consent and permission to make application to the Chenango Bridge Fire Company, Inc. for that purpose of becoming a member of said Company.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Parent / Guardian

**Broome County, State of New York**

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, there appeared before me, \_\_\_\_\_, known to me and to me known to be the Parent or Guardian of \_\_\_\_\_, and who signed the above affidavit in my presence.

Signed: \_\_\_\_\_, Notary Public

**NOTICE**

I attest that the information I have provided on this application is true and complete to the best of my knowledge, and I further understand that falsely providing information on this application, or intentionally omitting requested information, may result in the termination of this application process and/or my expulsion from the Chenango Bridge Fire Company Inc.

It is a crime punishable as a class A misdemeanor under the laws of the State of New York for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement which such person does not believe to be true.

*(New York State Penal Law, Section 210.45)*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR FIRE COMPANY USE ONLY**

Arson background check performed:  Yes  No

Applicant was contacted by Membership Committee:  Yes  No Date of Contact: \_\_\_\_\_

Applicant was interviewed by the Board of Directors:  Yes  No Date of Interview: \_\_\_\_\_

Applicant was presented to the Membership for acceptance of membership:  Yes  No

Date of Acceptance to Membership: \_\_\_\_\_

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## Chenango Bridge Fire Company, Inc. Consent and Release by Individual

I, \_\_\_\_\_, residing at \_\_\_\_\_, \_\_\_\_\_, New York, hereby request, authorize and direct that the Chenango Bridge Fire Company, Inc., its officers, members and/or designee conduct a review of any and all records regarding me as it pertains to a background investigation for membership in the Chenango Bridge Fire Company, Inc. to include, but not limited to, a criminal history and arson check to be conducted by a local law enforcement agency.

I acknowledge, understand and agree that the accuracy of any said information is not subject to the control of the Chenango Bridge Fire Company Inc.

Further, I do hereby release, remise and discharge the said Fire Company, its officers, and/or members of and from any and all causes of action, suits, claims, liability, damages, and any I have or which my legal representation or future grantees of title shall or may have by reason of matter, action, failure to act or think whatsoever and particularly, but not limited to, the acts or omissions of the Fire Company in regard to this consent and release.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_