



Incorporated  
1889

# LIVERPOOL FIRE DEPARTMENT, INC.

1110 Oswego Street \* Liverpool, NY 13088 \* (315) 457-6347 \* Fax (315) 457-8051

## Bunk-In Application

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Department: \_\_\_\_\_

Home Department Fire Chief: \_\_\_\_\_

Contact Number: \_\_\_\_\_

College Choice: \_\_\_\_\_

Address of College: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Degree / Program: \_\_\_\_\_

Do you currently have FF1 or equivalent? Yes No

Are you a NYS EMT? Yes No

If not, are you willing to obtain NYS EMT certification? Yes No

Do you have CPR / First Aid? Yes No

Do you have a NYS Drivers License? Yes No

Are there any issues with your license?

How many years have you been involved in the fire service? \_\_\_\_\_

Please summarize any other firematic certifications you may have:

---

---

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses?    Yes    No    If Yes, give details:

---

---

---

Please give three personal references, other than members of this organization, who have known you for at least five years:

A. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

C. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please give three professional references, other than members of this organization, who have known you for at least five years:

A. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

C. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list the names of any acquaintances that are members of this organization:

---

---

OSHA regulations require that the Liverpool Fire Department provide you with a physical examination free of charge, this is to certify you for interior structural firefighting (including respiratory testing other items determined by our medical provider). Will you agree to a physical?    Yes    No

Will you agree to a drug screening?    Yes    No

**Other than when required by law, within the Freedom of Information Law (FOIL), all information contained/or obtained herein will remain confidential and be used only for internal membership processing.**

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: \_\_\_\_\_

Applicant printed: \_\_\_\_\_

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

Witness signature: \_\_\_\_\_

Witness printed: \_\_\_\_\_

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

#### 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.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

- be used to determine your qualifications for the position for which you are applying;
- be released to the Fire Chief, Corporate Officers, applicant committee, and potential supervisors; and
- be maintained in your personnel file (if bunk-in status is granted) or in our resume file for a minimum of six months (if you are not granted bunk-in status). Failure to provide the information or authorization will result in your application not being considered.

The information will be maintained by the Secretary of Liverpool Fire Department, Inc. 1110 Oswego Street, Liverpool, NY 13088, (315) 457-6347.

**APPLICANT’S AUTHORIZATION FOR RELEASE OF INFORMATION**

In order to confirm the information I supplied on my application for bunk-in status with the Liverpool Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Liverpool Fire Department whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

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 any credentials.

I \_\_\_\_\_ consent to a background check.

\_\_\_\_\_  
Applicant’s Name (Print)

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

Witnessed by:

\_\_\_\_\_  
Name and Title (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date