



LIVERPOOL FIRE DEPARTMENT, INC.

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

Date: _____

Name: _____
(Last, First, MI)

Address: _____
(Full Address)

Telephone: (____) _____ (____) _____ (____) _____
(Home) (Cell) (Work)

How long have you resided at the above address? _____ Years _____ Months

How long have you resided in New York State? _____ Years _____ Months

Are you 18 years of age or older? Yes No If NO, state your age: _____

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? Yes No If Yes, please explain:

Employer: _____

Employer Address: _____

Employer Phone: (____) _____

Hours of employment: From: _____ To: _____

May we contact your employer as a reference? Yes No

Have you ever been a member of the United States Armed Forces? Yes No

If the answer is Yes, did you receive an honorable discharge? Yes No

Do you have a New York State drivers' license? Yes No Driver's license number: _____



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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:



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Education:

High School: _____ Years attended: ____ Did you Graduate? ____

Trade School: _____ Years attended: ____ Did you Graduate? ____

Name of College: _____ Years attended: ____ Did you Graduate? ____

Please list any previous emergency service experience include only fire, rescue, police and emergency medical:

Do you have a certificate of completion of New York State Essentials of Firemanship/FF1? Yes No

Please summarize any other firematic certifications you may have:

When would you be available to participate in normally required fire department training?

Weekday mornings _____ Evenings _____ Nights _____

Weekend mornings _____ Evenings _____ Nights _____

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



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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 you become a fire company member) or in our resumé file for a minimum of six months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

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



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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership 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