

NORTH PATCHOGUE FIRE DEPARTMENT

Application and questionnaire for membership in the North Patchogue Fire Department

The North Patchogue Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intention all qualified applicants are given equal opportunity and selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information.

INSTRUCTIONS:

1. Incomplete or illegible applications will not be processed.
2. Please print or type your answers, except for the locations marked signature on page 7 and 9.
3. Page 9 must have a Notary Public stamp and signature.
4. Applications without an affidavit signature on page 7 will not be processed.
5. Use blank paper if there is not enough room on the application when answering any questions or filling out any information.
6. Please submit a \$20.00 check with the application made out to the 'North Patchogue Fire Department'.

Official Use Only

Date received: _____
Date Interviewed: _____

General Information

First Name: _____ Middle Name: _____ Last Name: _____

SSN#: _____ D.O.B. ____/____/____ Email: _____

Present Address: _____ How Long: _____

City: _____ State: _____ Zip Code: _____

Previous Address: _____ How Long: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Work#: _____ Cell#: _____

Drivers License#: _____ State Issued: _____ Class: _____

1. Are you a U.S. citizen? _____
2. Has your work ever been limited or restricted because of your health? (If yes, explain)

3. Do you have any physical, mental, or health limitations, which could interfere with your performance for the position for which you are applying? (If yes, explain):

4. Do you have any commitments or responsibilities, which might prevent you meeting probationary requirements located on the last page of this application? (If yes, explain):

5. Have you ever been a member of the North Patchogue or other fire/emergency services department before? (If yes, where): _____

6. Have you ever been convicted of a misdemeanor or felony? (If yes, explain):

7. Are there any criminal charges pending against you? (If yes, explain):

8. Have you ever served in the Armed Forces? Branch of Service? Reserve Status?

9. Have you ever filed a compensation claim or received benefits as a result of an industrial injury or disease? (If yes, explain):

10. Do you have any mechanical, electrical, or other specialized work experience? (If yes, explain)

11. What hours would you be able to respond to emergency calls?

12. Does work take you out of town? (If yes, explain)

13. Are you a member of any organization listed as subversive by the United States Government? (If yes, explain):

14. Have you ever been fired from a job or asked to resign in the last 10 years? (If yes, explain):

15. Do you presently hold membership in any organization, or club? (If yes, explain):

16. Do you have a valid driver's license? (If no, explain):

17. Have you ever had your driver's license suspended or revoked within the last five years? (If yes, explain):

Education

High School:		Years Attended:	
Did you graduate? Yes	No	Diploma: Local	Regents
		Honors	
Trade School:		Years Attended:	
Did you graduate? Yes	No	Degree:	Subject/Major:
College School:		Years Attended:	
Did you graduate? Yes	No	Degree:	Subject/Major:
College School:		Years Attended:	
Did you graduate? Yes	No	Degree:	Subject/Major:

Employment

List present and past employers for the past 10 years, starting with the most recent.

Company:			
Address:		Phone:	
Type of business:		Position:	
Employed (From: To:)		Name of Supervisor:	
Name of your immediate Supervisor:			
Job Description:			
Company:			
Address:		Phone:	
Type of business:		Position:	
Employed (From: To:)		Name of Supervisor:	
Name of your immediate Supervisor:			
Job Description:			

Company:			
Address:		Phone:	
Type of business:		Position:	
Employed (From: To:)		Name of Supervisor:	
Name of your immediate Supervisor:			
Job Description:			

Company:			
Address:		Phone:	
Type of business:		Position:	
Employed (From: To:)		Name of Supervisor:	
Name of your immediate Supervisor:			
Job Description:			

Company:			
Address:		Phone:	
Type of business:		Position:	
Employed (From: To:)		Name of Supervisor:	
Name of your immediate Supervisor:			
Job Description:			

Training

1. Do you have any previous firefighting and/or first aid experience (If yes, explain):

2. What other training or skills might you have obtained which may relate to the position for which you are applying?

Please check any courses you have completed?

- | | |
|---|---|
| <input type="checkbox"/> Firefighter I
<input type="checkbox"/> Firefighter II
<input type="checkbox"/> Advanced Forcible Entry
<input type="checkbox"/> Apparatus Operator/Aerial
<input type="checkbox"/> Apparatus Operator/Pump
<input type="checkbox"/> Emergency Vehicle Operations
<input type="checkbox"/> Rapid Intervention Teams/FAST
<input type="checkbox"/> Vehicle Fires
<input type="checkbox"/> Liquid Petroleum Gases - LPG
<input type="checkbox"/> Natural Gas Emergencies
<input type="checkbox"/> Foam
<input type="checkbox"/> Flammable Liquids
<input type="checkbox"/> Certified First Responder
<input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Paramedic
<input type="checkbox"/> Hazardous Materials Operator
<input type="checkbox"/> Hazardous Materials Operator Refresher
<input type="checkbox"/> Hazardous Materials Technician – Basic
<input type="checkbox"/> Advanced Hazardous Materials Tech.
<input type="checkbox"/> Confined Space Awareness and Safety
<input type="checkbox"/> Confined Space Rescue
<input type="checkbox"/> Heavy Rescue I
<input type="checkbox"/> Heavy Rescue II
<input type="checkbox"/> Ice Rescue
<input type="checkbox"/> Introduction to Fire Officer
<input type="checkbox"/> ICS 300
<input type="checkbox"/> ICS 400 |
|---|---|

Personal References

Note: References should not be any family relation and must know you for more than 5 years.

Name:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>				Phone#:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>	
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AFFIDAVIT
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify all information provided in this membership application is true and complete. I understand any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date.

I understand the north Patchogue Fire department may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request with a reasonable time for disclosure of the nature and scope of the investigation.

I authorize the investigation of any and all statements contained in this application and also authorize and person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions which may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements.

I understand if I am extended an offer of membership it may be conditioned upon my successfully passing a complete pre-membership physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post membership drug screen as a condition of membership, if required.

I UNDERSTAND THIS APPLICATION FOR SUBSEQUENT MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF MEMBERSHIP NOR GUARANTEE MEMBERSHIP FOR ANY DEFINATE PERIOD OF TIME.

I have read, understand, and by my signature consent to these statements:

Signature:

Date:

North Patchogue Fire Department
33 Davidson Avenue
Patchogue, NY 11772
Telephone: (631) 475-1788 Fax: (631) 475-1430

Drivers License Check

First and Last Name:

License Number:

State Issued:

Date Issued:

Class / Type:

Date Expires:

Valid: Y / N (Circle One)

Restrictions:

Comments:

Date:

I, the undersigned, hereby authorize the Suffolk County Police Department to release to the North Patchogue fire Department Membership Board any police department records, criminal history records, including sealed records, on file which may be associated with myself.

Name:

Also known as (AKA)

Maiden Name:

Address: Alabama

D.O.B.:

S.S.N.:

Drivers license ID#

Current Address: Alabama

Previous Address: Alabama

It is understood this search is of police records and may or may not include information from other police / sheriff agencies. The authorizing party hereby agrees to indemnify and save harmless the Suffolk county Police Department, it's officers and employees from and against any and all claims, demands, actions, suits, and proceedings by others against all liability to others, including but not limited to any liability for damages by reason of or arising out of any cause or action whatsoever, and against any loss, cost, expense or damages resulting there from, arising from or involving any negligence on the part of the authorizing party in the execution of this criminal history records check.

This form is an official document of the north Patchogue Fire Department Membership committee, therefore any alteration or false information provided will result in criminal prosecution.

Signature: Date:

Sworn to before me this date:

NOTARY PUBLIC