

Applicant's Name: _____

Please Print

Queensbury Central Volunteer Fire Company

Membership Application

Queensbury Central Volunteer Fire Company
17 Lafayette Street
Queensbury, NY 12804

Should you have any questions with the application or the application process, please feel free to contact President Joe Mali at 518-441-2369.

Misrepresentations or omissions in this application may result in termination of the application process or membership/employment.

Queensbury Central Volunteer Fire Company does not discriminate against any applicant because of race, color, age, sex, religion, national origin or ancestry, marital status, sexual orientation, veteran's status, or disability.

Queensbury Central Volunteer Fire Company - Application for Membership

Date of Application: ____/____/____

Application for (check all that applies): ___ Fire ___ EMS ___ Fire Police

Have you ever applied to this Company before? ___ Yes ___ No If Yes, when? ____/____/____

Have you ever been a member of this Company before? ___ Yes ___ No If Yes, when? ____/____/____

Personal Information

Last Name: _____ First Name: _____ MI: _____

Street: _____ City: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

E-Mail Address: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

In 25 words or less, explain why you are interested in the fire service.

Sponsors (if you know a member of the Company you can ask to use them as a sponsor)

Sponsor: _____ Date: ____/____/____

Sponsor: _____ Date: ____/____/____

Emergency Contact Information

Last Name: _____ First Name: _____

Relationship: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

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Driver License Information

State: New York (Required) Driver License Client ID #: _____ - _____ - _____ Class: _____

Expiration: ____/____/____ Current Points: _____

Has your driver license ever been suspended or revoked? ___ Yes ___ No

If "YES" explain in detail:

Medical Background Information

While performing the duties of a firefighter or EMS provider, the member is frequently required to use hands to manipulate, handle, feel and operate objects, tools and controls; reach with hands and arms; climb, balance, stoop, kneel, crouch and crawl; and walk, sit, talk and hear. The member must regularly lift and/or move equipment and/or persons weighing up to 150 pounds. Specific vision abilities required by a member include close vision, color vision and the ability to adjust focus. The member must be able to work effectively at heights and under physically demanding, life-threatening and emotionally stressful conditions.

The member also is regularly required to use written and oral communication skills; read and interpret data, information and documents; analyze and solve problems; use math and mathematical reasoning; observe and interpret situations; learn and apply information and skills; and interact with other fire department personnel and the public.

Additionally, the member frequently works in outside weather conditions and is exposed to extremely hazardous conditions and materials. The member must be able to remain calm, make sound decisions and respond appropriately in emergency situations; maintain records and prepare clear and concise reports; and maintain physical endurance and agility.

With this in mind, do you have any physical, mental or emotional sickness, illness, disease, disorder, injury, problem or condition that would prevent you from fully and safely performing the duties of a firefighter, EMS provider or Fire Police? ___ Yes ___ No

If you answered "YES", then please provide complete details:

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Criminal Background Information

Have you ever been arrested for, charged with, or convicted of a criminal offense (other than a minor traffic violation)? Yes No

Have you ever been adjudicated delinquent or otherwise subject to a proceeding in a Juvenile Court or under a Youth Offender Law? Yes No

If you answered "YES" to either question, then please provide complete details:

Are you registered, or required to register, on any national or state sex offender registry or similar database of sex offenders? Yes No

If you answered "YES" to either question, then please provide complete details:

List Residence for the Last 7 Years

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Years in Residence: _____ Years

Previous Street Address: _____

City: _____ State: _____ Zip Code: _____

Years in Residence: _____ Years

If necessary, list additional address on the back of this page.

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Employment

Current Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - Current

Previous Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - ____/____/____

Previous Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - ____/____/____

Previous Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - ____/____/____

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References

List two references not already listed on application and who are not related to you.

Reference Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____-_____-_____

Years Known: _____ Years

Reference Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____-_____-_____

Years Known: _____ Years

Military Data

Have you ever been in the armed forces? ___ Yes ___ No

Branch: _____

Dates of Service: ____/____/____ - ____/____/____

Type of Discharge: _____ Rank at Discharge: _____

Present membership in Armed Services (e.g. National Guard, Reserves): _____

Education

	School Name	Graduation Date	Subject
High School		/ /	
College		/ /	
Trade School		/ /	

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Fire and EMS Experience

Company/Department: _____

Affiliation/Position: _____

Contact Name: _____ Contact Phone: _____ - _____ - _____

Dates of Service: ____/____/____ - ____/____/____

Reason for leaving: _____

Company/Department: _____

Affiliation/Position: _____

Contact Name: _____ Contact Phone: _____ - _____ - _____

Dates of Service: ____/____/____ - ____/____/____

Reason for leaving: _____

If necessary, list additional address on the back of this page.

List current Fire/EMS related certifications (e.g. CPR, EMT, Fire Training etc.)

Certification	State/Governing Agency	Expiration Date
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

If necessary, list additional affiliations on the back of this page.

NOTE: Please submit a photocopy of all current certifications with the application.

List Fire/EMS vehicles you have driven (e.g. ambulance, engine, etc.)

Vehicle	Company	Years Driven

If necessary, list additional vehicles on the back of this page.

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APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Queensbury Central Volunteer Fire Company requires, as a condition of membership/employment and/or continued membership/employment that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of membership/employment is true and complete to the best of my knowledge. I understand that if I am accepted for membership/employment, any false statement will be considered as cause for possible dismissal.

This release and authorization acknowledges that Queensbury Central Volunteer Fire Company may now, or at anytime while I am a member/employee, conduct a verification of my education, employment history, three (3) years of drug, alcohol and accident history from all Department of Transportation (DOT) - regulated employers, credit history, and motor vehicle records. In addition Queensbury Central Volunteer Fire Company may contact personal references, require that I provide a urine specimen to be tested for the presents of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the membership/employment requirements.

I authorize **McGill Investigation Agency Inc.** to be the screening service and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the **President of Queensbury Central Volunteer Fire Company.** The results will be used to determine membership/employment eligibility under Queensbury Central Volunteer Fire Company membership/employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide **McGill Investigation Agency Inc.**, as Queensbury Central Volunteer Fire Companies screening service, with all information that may be requested, and I hereby release all persons and agencies providing such information from any and all claims and damages connected with their release of any connected information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Queensbury Central Volunteer Fire Company, its agents, **McGill Investigation Agency Inc.**, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and the nature and scope of the investigative report.

Authorization to contact present employer for references: Yes No

Applicant's Name - Printed - Last, First, Middle

Maiden or Other Names Used

Name - exactly as it appears on Driver's License - Printed

Driver License Client ID Number

State

Applicant's Authorization and Consent for Release - Signature

Date

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Members of the public place a great deal of trust in firefighters and first responders and in order to accept a person as a member of the Company the Company must exercise due diligence in reviewing the application, examining the prospect in an interview, evaluating their medical condition, testing for substance abuse, criminal history, arson check, etc. Drug testing will be random, unscheduled and can be administered without cause at any time during your membership.

By signing below, I certify that the information provided on this application is accurate and complete. I understand and agree that misrepresentations or omissions in this application may result in termination of the application process or membership/employment.

Name: _____ Date: ____/____/____
Applicant's Signature

For an application to be complete you will need to turn in the following:

- Completed Application
- Certified copy of your complete driving record, which can be obtained at a New York State Department of Motor Vehicles Office
- Photocopies of current certification relevant to Fire Service or EMS

After you turn in your completed application, you will be instructed to appear at a Company meeting. The Company will make a motion to move your application to the next Board of Directors meeting. You will need to appear for an interview at that meeting. Next, your application will be moved back to the next Company meeting for a vote of the membership. You will not need to attend that meeting. A Board Member or Sponsor will contact you with the results.

For Administrative Use Only

Date Application was received: Date: ____/____/____

Introduced at Regular Business Meeting: Date: ____/____/____

Appeared Before the Board of Directors: Date: ____/____/____

Recommendation of the Board of Directors: ____ Favorable ____ Unfavorable

Vote on Proposed Member: Date: ____/____/____ ____ Yes ____ No

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TOWN OF QUEENSBURY SERVICE AWARD PROGRAM

BENEFICIARY DESIGNATION FORM

By completing this form, you designate who is to receive any death benefit that may be payable under the provisions of the above named service award program. Completing this form does not guarantee that a benefit will be paid upon your death. It is important that you provide all the requested information in the event that we have to attempt to locate your beneficiary. If all of your beneficiaries listed below are deceased at the time of your death, the death benefit will be paid to your estate. Please consult with an attorney before naming a minor child or your estate as a beneficiary; typically death benefits can not be paid directly to a minor. To name more than 3 primary or contingent beneficiaries, please complete two forms and indicate "Page 1 of 2" on the first form and "Page 2 of 2" on the second form.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

PARTICIPANT DATA - PLEASE FILL OUT COMPLETELY

Volunteer First Name, MI, Last Name Social Security Number Date of Birth

Volunteer Mailing Address City State Zip Fire Company

PRIMARY BENEFICIARIES

Please list the person or persons you wish to receive the death benefit. If you list more than one person, each person listed will equally share the death benefit, provided they are alive as of your date of death. If one or more of your primary beneficiaries are deceased, the remaining primary beneficiaries will equally split the death benefit. If all of your primary beneficiaries are deceased, the benefit will then be paid to those you list under "CONTINGENT BENEFICIARIES".

Table with 7 columns: First, MI, Last Name, Relation, Date of Birth, Soc. Sec. No., Mailing Address, City, State, Zip. Rows 1, 2, 3.

If all of your primary beneficiaries are deceased, the benefit will then be paid to those you list here. If one or more of your contingent beneficiaries are deceased, the remaining contingent beneficiaries will equally split the death benefit.

Table with 7 columns: First, MI, Last Name, Relation, Date of Birth, Soc. Sec. No., Mailing Address, City, State, Zip. Rows 1, 2, 3.

SIGNATURE AND WITNESS

I hereby designate those named above as my beneficiaries and declare that this designation supersedes all previous beneficiary designations.

Volunteer Signature Date Witness Signature Date Witness must be a Notary, or an Official of the Town or Fire Department