WEST SENECA FIRE DISTRICT #4

100 LEIN ROAD
WEST SENECA, NEW YORK 14224
PH:716-674-5107 FAX:716-674-8693
EMAIL: WSDIST4@roadrunner.com

APPLICATION FOR VOLUNTEER FIREFIGHTER

Qualified applicants are considered without regard to race, color, creed, sex, national origin, age, marital or veteran status.

Date of Application _____ **SS #** _____

Name

_____
(last) (first) (middle)

Address _____ **ZIP Code** _____

Previous Address _____ **ZIP Code**

Phone # _____ **D.O.B.** _____

Have you previously filed an application with this organization? ○ Yes ○ No
Have you any previous firefighting experience? ○ Yes ○ No
Are you a citizen of the United States? ○ Yes ○ No
If not, do you possess an Alien Registration Card? ○ Yes ○ No
Do you have any friends or relatives who are presently members of this organization? ○ Yes ○ No
If yes, list below

_____
_____
_____
_____
_____

Have you ever been convicted of a misdemeanor or felony? ○ Yes ○ No
Have you ever been convicted of an arson-related crime? ○ Yes ○ No
Are you a veteran of the United States Military Service? ○ Yes ○ No

Do you have any physical, mental or medical impairment or disability that would limit your job performance? ○ Yes ○ No ○ Maybe

If necessary, please explain_____
_____

_____

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Are you presently a member of any other civic organization? ◯ Yes ◯ No

If Yes, please list _____

Please give name, address and telephone number for three (3) references, not related to you

_____

_____

_____

Education Years Completed _____ Diploma/Degree _____

Specialized training, skills

_____

Employment
List all places of employment for the past three years (most current first)

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Driver Information

State license issued _____ Vehicle Registration issued _____

Driver License Number _____

Insurance Carrier

_____

_____

Availability for Membership ◯ Day Worker ◯ Swing Shift ◯ Afternoon ◯ Nights

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Are you able to attend evening meetings and drills? ○Yes ○No

If No, please explain _____

_____

Consent For Disclosure

I, _____ give the Investigating Officer of West Seneca Fire District Four my consent to make inquiries of my employers, neighbors, police agencies and insurance carrier while conducting an investigation of my character, past record and responsibility.

Signature of Applicant (18 yrs or older)_____ Date _____

Signature of Parent or Guardian (If 17 years old mandatory)_____Date _____

Comments of Investigating Officer:

_____

_____

_____

_____

( ) ACCEPT ( ) REJECT