



## Application For Membership Adams Fire Department Adams, N.Y. 13605

With completion and signature of this application, you respectfully make application to the Adams Fire Department, Adams, NY 13605. By signing the application you are stating that all answers are true to the best of your knowledge. If you willfully answer any question untruthfully, you may face immediate dismissal from the Adams Fire Department. If accepted as a member, you agree to follow all rule and regulations set forth by the by-laws, Village of Adams, and State regulations.

Name: \_\_\_\_\_ MI: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

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 old 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," explain.

\_\_\_\_\_

Email Address: \_\_\_\_\_

Are you currently employed? Yes No

If "Yes" give organization information below. May we contact your organization as a reference?  
Yes No

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you have a valid New York State driver's license? Yes No

If "Yes" License number: \_\_\_\_\_

Please indicate your availability to participate in normally required fire department activities (meetings, drills, and emergency calls)

Please check appropriate time periods.

Week days: days \_\_\_\_\_ Evening \_\_\_\_\_ Nights: \_\_\_\_\_

Weekends: days \_\_\_\_\_ Evening \_\_\_\_\_ Nights: \_\_\_\_\_

Previous emergency services experience (include only fire, rescue, police, and emergency medical service agencies).

Name of agency \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone number \_\_\_\_\_

(If more space is needed, please identify on attached sheet)

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

If the answer is "Yes", did you receive a dishonorable discharge? Yes No

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.

If the above answer is "Yes", give complete details in the space provided for additional information on the last page (include service branch and service dates).

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction o one o these offences? Yes No

If "Yes", give details on the attached sheet.

Please list three personal references, other than members of this organization, who have known you for at least 3 years.

Name: \_\_\_\_\_ Tel:# \_\_\_\_\_

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

Name: \_\_\_\_\_ Tel:# \_\_\_\_\_

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

Name: \_\_\_\_\_ Tel:# \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighting. The department's designated physician will provide you with a ree medical examination. Will you be willing to undergo a medical examination? Yes No



**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sponsor's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Approval**

**Executive Committee: YES NO Date:** \_\_\_\_\_ **Chief:** \_\_\_\_\_

**Membership: YES NO Date:** \_\_\_\_\_ **Chief:** \_\_\_\_\_

**Village Board: YES NO Date:** \_\_\_\_\_ **Chief:** \_\_\_\_\_