

# **VOLUNTEER & EMPLOYMENT APPLICATION**



## **ESOPUS FIRE DEPARTMENT**

Name: \_\_\_\_\_

Esopus Fire Employment/Membership Application

Thank you for your interesting in joining the Esopus Fire Department. The town of Esopus is protected by five districts which include Esopus, Rifton, St. Remy, Port Ewen, and Connelly. Each district is independent of each other, but assistance is provided if needed under mutual aid agreements. EMS for the town of Esopus is provided by one Basic Life Support (BLS) Agency, which is the Town Of Esopus Volunteer Ambulance Squad.

The district is managed by the fire commissioners who are elected by the residents of the district. The fire department is managed by the officers elected by the active members of the department. The department has a responsibility to provide personnel to the fire district. The fire district and the fire company work together to provide fire protection, EMS, and other critical emergency services to the residents, of the Esopus Fire District.

Please complete this application, any missing or late information might delay the application process.

Date:

Submitted Application	_____
First Read of Application at department meeting	_____
Background Check	_____
Interview by Application Committee	_____
Reference Check	_____
Vote by members at department meeting	_____
Approved by district commissioners	_____
Applicant notified by social officer of status	_____

Once all of the above steps are completed satisfactory, the new member will start as a probationary active member. The Chief Officers will handle the distribution of fire equipment. Approval for formal parade dress uniforms will be issued by the President. All equipment or uniforms issued are subject to immediate return at the request of the Chief Officer, President, or Commissioners.

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Personal Information:

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Street Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

3. Mailing Address: \_\_\_\_\_  
(Address) (City) (State) (Zip)

4. Do you have a valid NYS Drivers License: Yes: \_\_\_ No: \_\_\_ SSN: \_\_\_\_\_

**\*A valid NYS Driver's License or NYS DMV ID card is needed to submit this application**

State: \_\_\_\_\_ Client ID Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

5. Do you have access to a vehicle: Yes: \_\_\_ No: \_\_\_

6. Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

7. (Email) \_\_\_\_\_

8. How long have you resided at the above address? Years: \_\_\_ Months: \_\_\_\_\_

9. How long have you resided in New York State? Years: \_\_\_ Months: \_\_\_\_\_

10. Are you 16 years of age or older? Yes: \_\_\_ No: \_\_\_ Date of Birth: \_\_\_\_\_

11. Are you a citizen of the United States? Yes: \_\_\_ No: \_\_\_

If you are not a citizen of the United States, have you the legal right to remain permanently in the United States? Yes: \_\_\_ No: \_\_\_\_\_

12. Have you ever been known by any other name (e.g. marriage) ? Yes: \_\_\_ No: \_\_\_

If so, list name(s) and reason (necessary to enable a check on your application).

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13. Are you currently employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

14. Have you ever been dismissed from any position? Yes: \_\_\_\_\_ No: \_\_\_\_\_

15. Were you ever convicted of a crime? (Felony or Misdemeanor) Yes: \_\_\_\_\_ No: \_\_\_\_\_

16. If you answered YES to any of the above questions please explain: \_\_\_\_\_

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17. Have you ever served in the U.S. Armed Forces? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If YES, attach a copy of your DD FORM-214. (DD-214 attached \_\_\_\_\_)

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**HEALTH INFORMATION:**

- 18. Would you object to taking a physical? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 19. Do you currently have any disabilities or health problems that would affect your ability to work on an emergency scene or other department events? (If yes, please list below)

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20. Are you taking any medications that would affect your ability to work on an emergency scene or other department events? (If yes, please list below)

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**\*The district requires all active personal to have passed a physical and drug test by the district approved medical facility.**

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**FIREMATIC INFORMATION:**

- 21. Type of membership applying for: Active \_\_\_\_\_ Social \_\_\_\_\_  
(If applying for social status, questions 22-26 can be skipped)
- 22. Please indicate your availability to participate in fire department activities or calls  
Please check appropriate time periods.  
Week Days:  
Days (8am-4PM): \_\_\_\_\_ Evenings (4PM-12AM) \_\_\_\_\_ Nights (12AM-8AM) \_\_\_\_\_  
Weekends:  
Days (8am-4PM) \_\_\_\_\_ Evenings(4PM-12AM) \_\_\_\_\_ Nights (12AM-8AM) \_\_\_\_\_
- 23. Have you ever been a member of a fire department, fire police, EMS Squad, or emergency service organization? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
Positions Held: \_\_\_\_\_
- 24. Can you get a letter stating you are no longer a member of the above organization?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If Yes please attached, if no please explain)
- 25. Are you currently a certified NYS EMT? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (if yes EMT #) \_\_\_\_\_
- 26. Do you currently have certified CPR training? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (please attach a copy of card)
- 27. Have you ever applied to be a member of Esopus Fire and were denied? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes please explain: \_\_\_\_\_
- 28. Do you understand that by joining the Esopus Fire Department this will make you a member of a social and firematic organization that will expect you to give freely of your time to attend meetings, drills, duty nights, social events, fund raising events, and Fire/EMS calls?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 29. Please list any acquaintances that are members of Esopus Fire:

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**REFERENCES:**

Please list two (who are not related to you by blood or marriage) who have known you for at least 3 years

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

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

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

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

**30.** May members of the application committee contact your employer, past organizations, or references you have listed to ask questions regarding your character or abilities?

Yes: \_\_\_ No: \_\_\_ If no please explain: \_\_\_\_\_

\_\_\_\_\_

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**31.** Can you provide proof of residence? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no please explain: \_\_\_\_\_

\_\_\_\_\_

(If yes please attached to this application)

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I affirm that I am the below named person. I affirm under penalty of perjury and signed the forgoing statement. I authorize investigation of all statements in this application, I understand that misrepresentation or omission of facts called for is cause for application rejection or dismissal if accepted as a member.

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

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**To be signed by a current member of the department in good standing.**

Date: \_\_\_\_\_ Applicant Sponsor: \_\_\_\_\_

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**For member applications (under 18 years of age) a parent signature is required.**

I \_\_\_\_\_ the legal guardian of the applicant give permission to join the Esopus Fire Department. I understand there are risks and obligations of such membership and understand that membership may be revoked at anytime in writing by the applicant or myself for any reason.

Print Guardian name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Esopus Fire Employment/Membership Application  
**Authorization for Release of Personal Information**

**(Social Members May Skip This Page)**

**DISCLOSURE REGARDING BACKGROUND INFORMATION:** Esopus Fire Department (EFD) may obtain information about you for association and/or employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108, (800) 845-6004 (“LexisNexis”). The scope of this notice and authorization is all-encompassing, however, allowing EFD to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your association and/or employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGEMENT AND AUTHORIZATION:** I acknowledge receipt of the Disclosure Regarding Background Information and I understand that I may receive a written summary of my rights under the Fair Credit Reporting Act upon request, and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by EFD at any time after receipt of this authorization and throughout my association and/or employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis, another outside organization acting on behalf of EFD, and/or EFD itself. I certify that the information contained on this Authorization form is true and correct and that my application or association may be terminated based on any false, omitted or fraudulent information. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

I have read and fully understand the contents of the *“Authorization for Release of Personal Information”*.

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Signature of Witness

Date

Signature of Applicant

Esopus Fire Employment/Membership Application

Do not write below this line

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APPLICATION STATUS:

RETURNED TO APPLICANT \_\_\_\_ APPROVED \_\_\_\_ DISAPPROVED \_\_\_\_

Application Committee:

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_\_

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To be filled out By Esopus Fire Department Social Officer

By a vote of \_\_\_\_ Yea and \_\_\_\_ Nay \_\_\_\_ on \_\_\_\_\_, this membership application was approved by the Esopus Fire Department. Your Approval is requested.

\_\_\_\_\_ Secretary, Esopus Fire Dept

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To be filled out by Esopus Fire Board of Commissioners

At a meeting held on \_\_\_\_\_ this application was \_\_\_\_\_ by the board of fire commissioners.

\_\_\_\_\_ Secretary, Esopus Fire Commissioners