

VOLUNTEER & EMPLOYMENT APPLICATION



ESOPUS FIRE DEPARTMENT

Name: _____

Esopus Fire Employment/Membership Application

Thank you for your interest in joining the Esopus Fire Department. The town of Esopus is protected by five districts: Esopus, Rifton, St. Remy, Port Ewen, and Connelly. Each district is independent of the others, 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, the Town of Esopus Volunteer Ambulance Squad.

The district is managed by the fire commissioners, who are elected by the residents. The fire department is managed by the officers, who are elected by the active members. 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 satisfactorily, the new member will start as a probationary active member. The Chief Officers will handle the distribution of fire equipment. The president will issue approval for formal parade dress uniforms. All equipment or uniforms issued are subject to immediate return at the request of the Chief Officer, President, or Commissioners.

Esopus Fire Employment/Membership Application

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: _____
State: _____ Client ID Number: _____ Exp Date: _____
5. Do you have access to a vehicle: Yes: ___ No: ___ 6. Height Ft: _____ In: _____
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: _____
(Optional) Place of Birth: _____
11. Are you legally authorized to work in the US? Yes: ___ No: ___
12. (Optional) Racial Appearance: White ___ Black ___ Indian ___ Asian ___ Unknow ___ Other ___
Ethnicity: Hispanic ___ Not Hispanic ___
13. 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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14. Are you currently employed? Yes: _____ No: _____
Employer: _____
Occupation: _____
Work Address: _____ Phone: _____
Supervisor: _____ Phone: _____
 15. Have you ever been dismissed from any position? Yes: _____ No: _____
 16. Were you ever convicted of a crime in the last 5 years? (except parking tickets, and you may omit any sealed or expunged conviction) Yes: _____ No: _____
 17. If you answered YES to any of the above questions, please explain: _____

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18. 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 (ACTIVE MEMBERSHIP):

19. Would you object to taking a physical? Yes:_____ No:_____
20. Do you have any physical or health limitations that could interfere with performing on an emergency scene or other department events? (If yes, please list below)
- _____

***The district requires all active personnel to pass a physical and drug test at a 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 the appropriate time periods.
Weekdays:
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:
- _____

Esopus Fire Employment/Membership Application

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 application committee members contact your employer, past organizations, or references you have listed to ask questions regarding your character or abilities?

Yes: ____ No: ____ If no please explain: _____

31. Can you provide proof of residence? Yes: ____ No: ____ (If yes please attach to this application)

If no, please explain: _____

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I affirm that I am the person named below. Under penalty of perjury, I affirm that the foregoing statements are accurate and complete to the best of my knowledge. I authorize the investigation of all information in this application and understand that any misrepresentation or omission may be grounds for rejection or dismissal if accepted as a member.

I also understand that a background check will be conducted upon submission of this application in accordance with New York State Executive Law §837.

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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A parent's signature is required for member applications (under 18 years of age).

I, _____, the applicant's legal guardian, give permission to join the Esopus Fire Department. I understand the risks and obligations of such membership and that membership may be revoked at any time in writing by the applicant or myself for any reason.

Print Guardian name _____ Phone _____

Address _____

Guardian Signature _____

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 the 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

The Esopus Fire Department and District are committed to protecting applicant privacy. All personal information collected, including Social Security numbers and identification details, will be used solely for application processing and background checks, securely stored, and accessible only to authorized personnel.