



Sir William Johnson Volunteer Fire Company, INC.

# Application for Membership

To Apply: Complete and submit an official Sir William Johnson Volunteer Fire Company, INC application for membership. Application shall be completed in full. We may wish to contact you by mail or telephone or email. It is your responsibility to make sure current contact information is correct. Except to accommodate the needs of individuals with disabilities, current members cannot write on applications. Any changes must be made by the applicant in person, or through signed, written communications.

Revised 7/2016



**Sir William Johnson Vol. Fire Co.  
102 County Hwy 131  
Johnstown, NY 12095**

**Application for Membership**

Name

|            |            |     |
|------------|------------|-----|
| Last       | First      | MI  |
| Address    |            |     |
| City       | State      | Zip |
| Home Phone | Cell Phone |     |
| Email      |            |     |

|                                     |                         |                               |
|-------------------------------------|-------------------------|-------------------------------|
| Membership Applying for: Circle one | Active (FF/Fire Police) | Social (Fundraising/Banquets) |
|-------------------------------------|-------------------------|-------------------------------|

**Personal Data**

|   |                             |        |  |
|---|-----------------------------|--------|--|
| Nickname/Preferred Name:                      |                             |        |  |
| Age:  | Date of Birth: (mm/dd/yyyy) |        |  |
| Driver's License Number:                      | State:                      | Class: |  |
| Has your license ever been suspended/revoked? | Yes                         | No     |  |
| If yes, please explain:                       |                             |        |  |
|   |                             |        |  |
|   |                             |        |  |
|   |                             |        |  |

**In Case of Emergency**

|         |              |
|---------|--------------|
| Name    | Relationship |
| Address |              |
| Phone   |              |

Equal Opportunity Employer: The Sir William Johnson Volunteer Fire Company, INC values diversity in the workplace. Men and Women ages 16 and older, of any cultural and ethnic backgrounds, religious and political affiliation, national origins, and persons with disabilities are encouraged to apply.

**This application form is neither a guarantee or offer of membership.**

**References**

|  |                      |
|--|----------------------|
| Read Carefully: Please provide three character references who have known you at least three years and are not related to you. These may not be past employers. |                      |
| Name   | Length of time known |
| Address  | Phone                |
| Name   | Length of time known |
| Address  | Phone                |
| Name   | Length of time known |
| Address  | Phone                |

|   |    |
|---|----|
| Have you ever been convicted of a crime other than a minor traffic offense? Yes | No |
| If Yes, When, Where and what was the disposition?                               |    |
|   |    |
|   |    |
|   |    |

**Education**

|                      |             |         |
|----------------------|-------------|---------|
| Education completed: | High School | College |
| Name of last school: |             |         |
| Address              |             |         |
|                      |             |         |
|                      |             |         |

**Special skills or hobbies**

|  |
|--|
|  |
|  |
|  |

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**Employment**

|   |            |    |         |
|---|------------|----|---------|
| Name of Employer                                      | Occupation |    |         |
| Address   |            |    |         |
| Phone   |            |    |         |
| Will this employer let you leave for Emergency Calls? | Yes        | No | Unknown |

**Fire/Rescue Experience**

|   |      |    |                      |             |        |             |
|---|------|----|----------------------|-------------|--------|-------------|
| Have you ever applied to this agency before?            | Yes  | No | If Yes, Date applied |             |        |             |
| Did you leave in good standing?                         | Yes  | No |                      |             |        |             |
| If No, Why?   |      |    |                      |             |        |             |
| Have you ever served in another Fire/Rescue Department? |      |    | Yes                  | No          |        |             |
| Name of Department:                                     |      |    | Dates Served:        |             |        |             |
| Address   |      |    |                      |             |        |             |
| Highest Rank Attained:                                  |      |    |                      |             |        |             |
| Phone   | FF   | LT | Capt.                | Asst. Chief | Chief  | Other _____ |
| Apparatus authorized to drive/operate:                  |      |    | Engine               | Tanker      | Rescue | Brush       |
| Reference from former Department:                       |      |    |                      |             |        |             |
| Name  | Rank |    | Phone                |             |        |             |
| Please attach any copies of courses taken               |      |    |                      |             |        |             |

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**Certification and Authorization**

I hereby certify the information provided and statements made herein are true and correct to the best of my knowledge. I understand that should an investigation disclose material misrepresentations, omissions, or falsifications, my application may be rejected, or if a member, said member shall their membership, all rights and privileges of membership immediately terminated. My signature on this application indicates that I have read the job description for the position available to me and I understand that the job of a Firefighter is physically challenging and that my membership is dependent upon my successful completion of a physical examination. Such examination to be conducted by a designated medical representative of the company and if a favorable background check is received will be membership extended.

I authorize the investigation of all statements contained herein, and direct the custodian of any records relevant to the confirmation of these statements, to release such information necessary for verification. I release any individual, institution, business or organization from any liability for damages, which might arise from the release of pertinent information. I further understand that local law enforcement agencies will be contacted for completion of this investigation. I further authorize Sir William Johnson Vol. Fire Co. to conduct Driver’s License and requisite New York State investigations as necessary/required by law.

I have read/have had read to me, the statements above and by my signature, agree to these provisions.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian if applicant is under 18 years of age.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrative Review**

|                       |                       |                        |                       |
|-----------------------|-----------------------|------------------------|-----------------------|
| Driver’s License Copy | <input type="radio"/> | Driver’s License Check | <input type="radio"/> |
| Fire Course Copies    | <input type="radio"/> | Interview              | <input type="radio"/> |
| Physical              | <input type="radio"/> | Membership Vote        | <input type="radio"/> |
| Background Check      | <input type="radio"/> | References Checked     | <input type="radio"/> |
| Comments:             |                       |                        |                       |

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