

MEMBER OF:
NORTHERN CENTRAL VOLUNTEER FIREMEN'S ASSOC. INC.
FIREMEN'S ASSOC. STATE OF NEW YORK



MEMBER OF:
WAYNE COUNTY VOLUNTEER FIREMAN'S ASSOC., INC.
WAYNE COUNTY FIRE CHIEF'S ASSOC.

Ontario Fire Company

6160 Walter Cone Drive Ontario, NY
14519

Application for Membership in the Ontario Fire Company

New Applicant _____ Transfer Request _____

Date of Application: _____
Name: _____
Street Address: _____
Town: _____ State: _____ Zip Code: _____
How long have you resided at the above address? _____
Date of Birth: _____ Age: _____
Phone Number: _____
eMail Address: _____
NYS Drivers License Number: _____

Current Employer (business name): _____
Employer address: _____

(number, street, town/city)

Employer Phone Number: _____
Position held by you: _____
Length of Employment with this Employer: _____
Employer Contact Person: _____

(name, position, phone number)

May we contact your employer for information? _____

Have you ever been convicted of, or pled guilty to, a Felony or Misdemeanor related to Insurance Fraud, Arson, and/or Sexual crimes? _____

Have you had previous Fire Service experience? _____

If so, please provide the following information:

Fire Organization Name: _____

Fire Organization Address: _____

(number, street, town/city)

Fire Organization Phone Number: _____

Your position(s) in above organization: _____

Your dates of service with the above organization: _____ - _____

(start date) (end date)

Reason for leaving the above Fire Agency: _____

Are you a United States Military Service Veteran? _____

If so, please provide branch of service and length of service

Are you a United States Citizen? _____

If not, please explain:

Do you have any physical and/or mental impairment that may limit your abilities for responding to or performing physically and emotionally demanding firefighting duties?

If so, please explain

Please list the names of any Ontario Fire Company members who may be familiar with you

- 1) _____
- 2) _____
- 3) _____

I hereby make application to the Ontario Fire Company for membership, and agree to be governed by the Constitution and By-Laws of the Ontario Fire Company, and the Rules and Regulations of the Ontario Fire District. I certify that the information provided in this application is true and correct to the best of my knowledge, and that deliberate falsification will result in termination of membership. I hereby give the Ontario Fire Company permission to make any inquiries or record checks that pertain to me.

Signature: _____ Date: _____

This application, along with three character references, from those who have known you for at least one year previous to the date of this application, are to be returned to the Membership Committee. The Membership Committee will review and present the application at the following Monthly Business Meeting of the Ontario Fire Company.

MEMBERSHIP COMMITTEE USE ONLY

Date application presented to OFC Membership: _____

Date Voted on by OFC Membership: _____

Membership vote count : Yes _____ No _____ Approved: _____ Not Approved _____

Date application presented to Ontario Fire District Board of Fire Commissioners: _____

Date Voted on by Ontario Fire District Board of Fire Commissioners: _____

Vote count : Yes _____ No _____ Approved: _____ Not Approved _____

Date Background Check(s) received: _____

Background Check(s) acceptable: _____ not acceptable: _____

Completion Date of Ontario Fire District Physical Evaluation: _____

Acceptable? _____ Fit for Interior: _____ Fit for Exterior: _____

