



# Ontario Fire Company

6160 WALTER CONE DRIVE  
ONTARIO, NEW YORK 14519

## Application for Membership in the Ontario Fire Company

New Applicant       Transfer

Name \_\_\_\_\_  
Address \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

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

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ If "NO", state your age \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give employer information below.

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_

May we contact your employer as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give information below.

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Telephone Number \_\_\_\_\_

Do you have a valid New York State Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please give details below.

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

Have you had any previous Fire Service experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please complete below section.

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Telephone Number \_\_\_\_\_

Reason for leaving:

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

Please list the names of any acquaintances that are members of this organization.

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

I hereby make application to the Ontario Fire Company for membership and agree to be governed by the constitution and bylaws of the Ontario Fire Company. I certify that the statements made in this application are true and correct to the best of my knowledge and that any deliberate falsification could result in termination of membership. I hereby give the Ontario Fire Company permission to make any reference check or public records check on my behalf.

Signature \_\_\_\_\_

Date \_\_\_\_\_

This application along with three character references; whom you have known for at least one year 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 regularly monthly business meeting of the Ontario Fire Company.

**Membership use ONLY!**

Date Presented: \_\_\_\_\_

Date Voted on: \_\_\_\_\_

Results of vote: Yes \_\_\_\_\_ No \_\_\_\_\_ Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of District vote: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of physical: \_\_\_\_\_

Completed: Yes \_\_\_\_\_ No \_\_\_\_\_



# Ontario Fire Company

6160 WALTER CONE DRIVE  
ONTARIO, NEW YORK 14519

## Character Reference for Membership in the Ontario Fire Company

I \_\_\_\_\_, attest to the moral character  
of \_\_\_\_\_ and believe that he/she would  
be a good firefighter as well as an asset to the Ontario Fire Company because:

---

---

---

---

---

---

---

---

How long have you known the applicant? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Signed \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date \_\_\_\_\_



# Ontario Fire Company

6160 WALTER CONE DRIVE  
ONTARIO, NEW YORK 14519

## Character Reference for Membership in the Ontario Fire Company

I \_\_\_\_\_, attest to the moral character  
of \_\_\_\_\_ and believe that he/she would  
be a good firefighter as well as an asset to the Ontario Fire Company because:

---

---

---

---

---

---

---

---

How long have you known the applicant? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Signed \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date \_\_\_\_\_



# Ontario Fire Company

6160 WALTER CONE DRIVE  
ONTARIO, NEW YORK 14519

## Character Reference for Membership in the Ontario Fire Company

I \_\_\_\_\_, attest to the moral character  
of \_\_\_\_\_ and believe that he/she would  
be a good firefighter as well as an asset to the Ontario Fire Company because:

---

---

---

---

---

---

---

---

---

---

How long have you known the applicant? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Signed \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date \_\_\_\_\_