PORT JERVIS FIRE DEPARTMENT
APPLICATION FOR ACTIVE MEMBERSHIP

Please Print All Entries Clearly and Legible

Personal Information

☐ Check Here If Application is for Junior Membership

Name (Last, First, Middle, Suffix):

Social Security Number:

Actual and Current Street Address:

Age:

NOTE: Must be 18-years of age to apply for active membership and 16-years of age to apply for Junior membership.

City/State/Zip Code:

Date of Birth (Month/Day/Year):

Mailing Address, If Different:

How long have you lived at this address?

Years: Months:

City/State/Zip Code:

Marital Status:

Are You Known By Any Other Names (Please List)::

Home Telephone: Work Telephone: Mobile Telephone: Service Provider: Email Address:

Previous Address 1:

Previous Address 2:

City/State/Zip Code:

City/State/Zip Code:

Dates (From/To):

Dates (From/To):

Do You Have A Current Driver License? If yes:
Yes: ☐ No: ☐

License State:

Driver License Number:

Expiration Year:

* THIS SECTION FOR OFFICIAL PORT JERVIS FIRE DEPARTMENT AND MEMBER COMPANY USE ONLY *

Company Applying To:

Date Referred For Investigation:

Results of Company Investigation:

Date Arson/Sex Offender Check Request Made:

Date Arson/Sex Offender Check Results:

Membership Competency Test Administered:

Reason for Any Committee Disapproval:

Date Initially Brought Before Company:

Date Brought Before Board of Officers:

Date Delivered to City Council Representative:

Approved By Company:
Yes: ☐ No: ☐
Date:

Approved By Board of Officers:
Yes: ☐ No: ☐
Date:

Approved By Common Council:
Yes: ☐ No: ☐
Date:

REQUIRED FORMS COMPLETED

Yes: ☐ No: ☐ Company Letter of Acceptance

Yes: ☐ No: ☐ Authorization to Release Information *Form APP03*

Yes: ☐ No: ☐ Authorization to Conduct Police Inquiry *Form APP04*

Yes: ☐ No: ☐ Volunteer Firefighter Inquiry Form *Form DCJS-VFF*

Yes: ☐ No: ☐ Letter of clearance from a fire department or Company where applicant previously served as a member required?

Yes: ☐ No: ☐ If applicable, letter of clearance received and attached

Yes: ☐ No: ☐ Junior Member Guidelines & Participation Authorization required?

Yes: ☐ No: ☐ Junior Member Guidelines & Participation Authorization attached *Form APP02*

Applicant's Name: _____

Has your Driver License or privilege to operate a motor vehicle in this State or any other State ever been suspended or revoked? Yes: ☐ No: ☐
If yes, give dates and particulars below:

_____

_____

_____

_____

_____

Employment Information

Current Employer (if you are a student, enter school as employer):

_____

Employer Street Address/City/State/Zip Code:

_____

Department: _____ Occupation: _____ Length of Employment: Months: ☐☐ Years: ☐☐

Regular Work Hours: _____ Regular Days Off: _____ Shift Work? Yes: ☐ No: ☐

Please record employer telephone number on page 1 of this application

Military Service Record

Were you in the U.S Armed Forces? Yes: ☐ No: ☐

If yes, what branch? _____

Rank at Discharge: _____

List duties in Service, including special training:

_____

_____

Dates of Duty:

	Month	Day	Year
From:	☐☐	☐☐	☐☐☐☐
To:	☐☐	☐☐	☐☐☐☐

Educational Background

Are you a high school graduate? Yes: ☐ No: ☐

Do you have a GED? Yes: ☐ No: ☐

Did you attend college? Yes: ☐ No: ☐

Name and Locality of High School Attended or Where GED Issued:

_____

Name and Locality of College/University Attended:

_____

List Any Degrees Earned from an Accredited College/University as Well as the Name of the Institution:

_____

List Any Personal or Professional Development Courses You Have Completed That You Feel Would Be of Benefit to Port Jervis Fire Department:

_____

Applicant's Name: _____

Firefighter Experience and EMS Training

No previous experience is necessary for acceptance.

NOTE: A letter of clearance (member in good standings/no outstanding obligations) will be required from any previous Fire Department, Fire Company or EMS Agency where you may have previously served, including any Company of the Port Jervis Fire Department where you may have previously served.

Have you ever been a member of another Fire Department or EMS agency before? Yes: ☐ No: ☐

If yes, name of Fire Department or EMS Agency:

If yes, dates of service: From: ☐☐ Month ☐☐☐☐ Year

To: ☐☐ ☐☐☐☐

Please list Certified Fire Service/EMS Training Below:

Training : (Please provide copy where appropriate) Dates:

Training: (Please provide copy where appropriate) Dates:

Training: (Please provide copy where appropriate) Dates:

Training: (Please provide copy where appropriate) Dates:

Training: (Please provide copy where appropriate) Dates:

Additional Training or Experience Not Listed Above, Such as Explorer Groups or Other Similar Activities: Dates:

Physical, Health and Emergency Information

A Department issued physical examination or written medical clearance from your personal physician is required prior to participating in any Interior Firefighter activities and/or before operation of any Port Jervis Fire Department apparatus or vehicle. Department physicals are administered annually. A physical disability does not disqualify you from service, however you must pass a physical examination to operate a Department vehicle and/or participate in Interior Firefighter operations.

Physician's clearance permitting Interior Firefighter operations accompanying this application? Yes: ☐ No: ☐

Person(s) to Contact In Case of Emergency:

Primary Person – Name/Relationship:

Street Address:

City/State/Zip Code:

Home Telephone: Mobile Telephone:

Secondary Person – Name/Relationship:

Street Address:

City/State/Zip Code:

Home Telephone: Mobile Telephone:

Criminal History

In accordance with New York State law, a conviction for any degree of Arson and/or having been adjudicated as a registered sex offender will immediately exclude your application for active membership. Have you ever been convicted of the crime of Arson in any degree and/or are you a registered sex offender? Yes: ☐ No: ☐

Applicant's Name: _____

It is the policy of the Port Jervis Fire Department to conduct a criminal background check of all applicants, including the lawfully mandated check through the Orange County Sheriff's Office for a conviction of Arson as well as to determine if the applicant is a registered sex offender according to the law of New York State or any other State. The applicant is required to provide a signed waiver to the Port Jervis Fire Department for the member Company and/or the Fire Department to conduct a background investigation.

Have you ever been convicted, plead guilty or plead no contest to any misdemeanor, felony or any other crime in this State or any other State? If yes, list date(s), charge(s) and dispositions(s) below: Yes: ☐ No: ☐

_____

_____

_____

_____

Personal References

Please provide three (3) personal references that are not related to you and not living in your household:

Name:	Name:	Name:
Street Address:	Street Address:	Street Address:
City/State/Zip Code:	City/State/Zip Code:	City/State/Zip Code:
Home Telephone: Mobile Phone:	Home Telephone: Mobile Phone:	Home Phone: Mobile Phone:

Affirmation and Acknowledgement

The City of Port Jervis is an Equal Opportunity Provider and Employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382. PORT JERVIS FIRE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER. TDD user-dial 711. TDD relay access #711.

You hereby agree to keep your Company and this Department up to date on any change of address, telephone number(s), and Email address' and any emergency contact information. Notifications should be within 30-days of occurrence.

NOTICE is hereby given: Knowingly making a false statement on this application is grounds for denial of, or removal from, membership. Additionally knowingly making a false statement on this application is punishable and may subject you to a criminal prosecution.

Section 210.45 of the Penal Law of the State of New York, Making a punishable false written statement. A Person is guilty of making a false written statement when he knowingly makes a false statement, which he does not believe to be true, in a written instrument bearing a legally authorized form notice to the effect that false statements made herein are punishable. Making a false written statement is a Class A misdemeanor.

By entering your signature below, you are attesting that you are a high school graduate or equivalent, if applying for Active Membership, and attesting that you have not been convicted of the crime of Arson in any degree, and attesting that you are not a registered sex offender.

Under penalty of law, I affirm that all information contained herein or provided by me as an attachment specific to this application is true and correct:

Print Name	Signature	Date Signed

COMMENTS/NOTES

_____

_____

ATTACH ADDITIONAL SHEETS AS NECESSARY

(Be Certain to Include Your Name On Any Attached Sheet)

PORT JERVIS FIRE DEPARTMENT AUTHORIZATION TO RELEASE INFORMATION

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I, the undersigned, consent to a background investigation conducted by the City of Port Jervis, New York and its duly appointed agents as a condition of my appointment as an Active Member or as a Junior Member of the Port Jervis Fire Department, specifically as a volunteer firefighter or a junior firefighter.

I consent to and authorize the disclosure of all information the Port Jervis Fire Department deems relevant to the evaluation of my eligibility to hold a position of public trust. I authorize the disclosure of such information to the Port Jervis Fire Department and its member Company authorized representative where I am seeking membership, including, but not limited to, criminal records, if any, and files and records of government bodies.

I hereby waive any privilege of confidentiality with respect to the release of such information to the Port Jervis Fire Department.

A photocopy or facsimile of this authorization shall be considered effective and valid, as the original shall remain on file and as an attachment to the original Application for Active Membership, for this and any future reports or updates that may be requested.

_____ PJFD Company Name

_____ Date of Birth of Undersigned

_____ Last 4 Numbers of Social Security

_____ Print Name

_____ Signature

_____ Date Signed Before Notary

State of New York)
County of Orange) ss

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____ Notary Public

PORT JERVIS FIRE DEPARTMENT

AUTHORIZATION TO CONDUCT POLICE INQUIRY

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I, the undersigned, do hereby authorize the Port Jervis Police Department, its members, or any other law enforcement agency that may possess such information, and hold them harmless, to release information to the Port Jervis Fire Department, pertaining to any criminal record and/or investigative information and/or records of cases that I have been involved in, or as the subject of any arrest, incident or case maintained by the Port Jervis Police Department or other law enforcement agency that may possess such information or records.

I understand that the Port Jervis Fire Department is using the information for the purpose of a background investigation to determine my eligibility for membership into the Port Jervis Fire Department. I hereby waive any privilege of confidentiality with respect to the release of such information to the Port Jervis Fire Department. I further state that I have voluntarily consented to release this information by affixing my signature below.

A photocopy or facsimile of this authorization shall be considered effective and valid, as the original shall remain on file and as an attachment to the original Application for Active Membership, for this and any future reports or updates that may be requested.

_____ PJFD Company Name

_____ Date of Birth of Undersigned

_____ Last 4 Numbers of Social Security

_____ Print Name

_____ Signature

_____ Date Signed Before Notary

State of New York)
County of Orange) ss

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____ Notary Public

NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

A. DATE:

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME: SIGNATURE:

ADDRESS:

TELEPHONE NUMBER: FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)	2. ADDRESS (Street, City, Zip Code)	
3. ALIAS AND/OR MAIDEN NAME	4. SEX M ☐ F ☐	5. RACIAL APPEARANCE White ☐ Black ☐ Indian ☐ Asian ☐ Unknown ☐ Other ☐

6. ETHNICITY Hispanic ☐ Not Hispanic ☐ Unknown ☐	7. HEIGHT Ft. In.	8. DATE OF BIRTH Month Day Year	9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

RESULTS OF INQUIRY

INVESTIGATING OFFICER: _____ DATE _____
(PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

☐ NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION

☐ CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER