



Malta Ridge Volunteer Fire Company, Inc

5 Hearn Road, Malta NY 12020

Phone: 518-584-6155

Fax: 518-587-3290

APPLICATION FOR ACTIVE MEMEBERSHIP

Resident (T/O Malta) Non Resident (Outside T/O Malta)

Date Received:

Date Approved:

Dear Applicant,

We welcome your interest in becoming a member of the Malta Ridge Volunteer Fire Company. Please complete the following application and return it to a member of the fire company so we can begin the process of making you a member of our team. We encourage applicants to attend weekly drills and other fire company functions to meet the members of our organization and see what you are volunteering to be a part of.

Below is a guide to help you understand the process of becoming a member of our team.

- Complete and Submit the Application for Active Membership
- Application will be posted for 30 days before being voted on at a monthly meeting.
- Review of application and background by the Interview/Investigation Committee
- Interview with the Interview/Investigation Committee
- Pending a successful vote, you will begin a 6 month probationary program

Thank you for your interest, we look forward to you joining our team of dedicated volunteers

Sincerely,

The Membership of the

Malta Ridge Volunteer Fire Company, Inc.

| PERSONAL INFORMATION | |
|--|--|
| Name (Last, First, MI): | Age: |
| Date of Birth: | Social Security #: |
| Home Phone: | Cell Phone: |
| Email Address: | Driver's License State: _____ Driver's License #: _____ |
| Current Address: | |
| If lived at current address less than 5 years, previous address: | |

| MEDICAL INFORMATION | |
|--|--|
| Do you have any medical conditions limiting your ability to perform your volunteer duties? If "Yes" please explain: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been qualified to wear a self-contained breathing apparatus (SCBA)? Type: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you had any serious illness in the past 5 years? If "Yes" please explain: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you willing to take a required firefighter physical upon being accepted to this organization (At no cost)? If "Yes" please explain: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| EMPLOYMENT HISTORY |
|--|
| Current employer: |
| If at current employer less than 2 years, previous employer: |
| |
| |
| |

PERSONAL & PROFESSIONAL REFERENCES

Please provide three non-family references that we may contact. At least one of the three must be a professional reference.

Name: _____ Phone #: _____

Relation: _____ Number of years known: _____

Name: _____ Phone #: _____

Relation: _____ Number of years known: _____

Name: _____ Phone #: _____

Relation: _____ Number of years known: _____

BACKGROUND

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

In the past year have you been convicted of a traffic violation? Yes No

Have you ever had a driver's license suspended or revoked in any state? Yes No

Are you a convicted sex offender? Yes No

If you answered yes to any of the above questions please explain below:

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

MILITARY HISTORY

Have you ever been a member of the U.S. Armed Forces Yes No

If yes

Branch: _____ Dates of service (Mo/Yr.): _____ - _____

Did you receive a dishonorable discharge? Yes No

EMERGENCY CONTACT INFORMATION

Marital status: _____ Spouse's Name: _____

Number of children: _____

Emergency Contact Name: _____

Address: _____

Phone Number: Home: () _____

Cell: () _____

Work: () _____

NOTICE TO ALL APPLICANTS

Federal and state law requires that all applicants be considered without regard to race, religion, color, sex, age or national origin. We believe in and support the principal of equal opportunity employment and will fulfill our obligation to the fullest.

Please read carefully, initial after each paragraph and sign below

I _____ hereby certify that I have not knowingly withheld any information that might adversely affect my chances for membership and that the answers given by me are true and correct to the best of my knowledge. I further certify that I the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure my membership shall be grounds for rejection of this application or for immediate termination from service regardless of the time elapsed before discovery

Int: _____

I hereby authorize the Malta Ridge Volunteer Fire Company to thoroughly investigate my references, work record, education, and other materials they deem necessary related to my suitability for membership and further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the department, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

Int: _____

If accepted, I hereby agree to abide by the rules of the company and by the constitution and by-laws of the organization. AN INITIATION FEE OF \$1.00 AND MY FIRST YEARS DUES (\$6.00) ARE ATTACHED TO THIS APPLICATION. The dues (\$6.00) will be returned to me if my application is turned down or found to be unfavorable. Military & full time students are exempt from dues.

Int: _____

Applicant Signature: _____ Date: _____

Endorsed by (Member): _____ Date: _____

The signature of a parent or legal guardian is required if the applicant is under the age of 18. Such signature shall constitute permission for the named applicant to participate in all fire company activities.

Signature: _____ Date: _____

Investigation Committee Report

Investigated By: _____ Date: _____

Above applicant has been found to be _____ for active membership with the Malta Ridge Volunteer Fire Company, Inc.