

EXPLORER POST 209 APPLICATION

Applicant must be 14 Years of Age OR a graduate of eighth grade

PLEASE PRINT OR TYPE

PART ONE

Name: _____ Date: _____

Current Street Address: _____ Apt: _____

Apartment Complex Name: _____ City: _____ State: _____

Are you at least 14 years old as of the date of this application? _____ (Yes / No)

NYS Driver License No. (or learner's permit): _____ Class: _____ Exp. Date: _____

Email Address: _____ Cell Phone: _____

PART TWO

Have you ever been convicted of a crime (Misdemeanor or Felony) other than a parking violation? _____

Traffic Violations? _____ (Yes or No) If yes, list date and type of conviction (attach additional sheets if necessary):

Please note that a conviction is not an automatic bar to membership. The Department will take into consideration the nature of the offense, its relationship to the position of volunteer firefighter, how recently it occurred, your age at the time of the offense, any evidence of rehabilitation, and other relevant factors.

PART THREE **EMPLOYMENT RECORD**

Current Employer: _____ Hours of Employment: _____

Address: _____ How long have you been employed at this Company? _____

Employer Phone No. _____

PART FOUR

PERSONAL REFERENCES

Please list 2 personal references that are not employer related. Include name, address, phone, email and relationship.

- 1. _____
- 2. _____

PART FIVE

PREVIOUS EXPERIENCE

List below any previous experience related to firefighting. Include name and address of any prior organization, length of service, and reason for leaving. (Attach additional sheets if necessary)

- 1. _____
- 2. _____
- 3. _____

Please list a reference from each above department/organization. Include name, address, phone, email, & title/position.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

PART SIX-A

EDUCATION

Are you currently enrolled in school? _____ (Yes or No)

If yes, What school/grade? _____

PART SIX-B

EDUCATION /FIRE COURSES

List below any approved fire schools, medical courses, and certifications, which you have successfully completed and are currently certified in. Please be as specific as possible and include where the course was taken, the approximate dates, and state registry number if applicable.

Fire Course: "Essentials of Firefighting" or "Firefighter I": _____

Others: _____

E.M.S. Courses: CPR: _____ Exp. Date: _____ Others: _____

Note: Please attach copies of applicable certificates.

PART SEVEN

AGREEMENT

PLEASE READ, SIGN, AND DATE THE BELOW AGREEMENT BEFORE TURNING THIS APPLICATION IN. PLEASE TURN THIS APPLICATION TO WHOMEVER YOU ARE TOLD TO WHEN IT IS GIVEN TO YOU.

I UNDERSTAND THAT ANY FALSE ANSWER, STATEMENT, IMPLICATION, OF THE OMISSION OF ANY PERTINENT OR REQUIRED INFORMATION MADE BY ME ON THIS APPLICATION OR OTHER REQUIRED DOCUMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF MEMBERSHIP OR REMOVAL FROM THE ACTIVE ROSTER OF THIS DEPARTMENT. I ALSO UNDERSTAND THAT ALL EQUIPMENT ISSUED TO ME SHALL REMAIN PROPERTY OF THE MOYERS CORNERS FIRE DEPARTMENT EXPLORER POST AND MUST BE SURRENDERED UPON TERMINATION OF MEMBERSHIP.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____ DATE: _____

PARENTAL SIGNATURE: _____ DATE: _____

THE MOYERS CORNERS FIRE DEPARTMENT EXPLORER POST 209 DOES NOT DISCRIMINATE BECAUSE OF RACE, CREED, COLOR, RELIGION, NATIONAL ORIGIN, SEX, DISABILITY, AGE, MARITAL STATUS, MILITARY STATUS, PREDISPOSING GENETIC CHARACTERISTICS, OR ANY OTHER CATEGORY PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

Please fill out neatly, and send the above application to:

Moyers Corners Fire Department
Attn. Explorer Post 209
7697 Morgan Road
Liverpool, NY 13090