

MEMBERSHIP APPLICATION

Applicant must be 18 Years of Age and a graduate of High School

PLEASE PRINT OR TYPE

- I wish to be considered for membership in the Moyers Corners Fire Department
- I have previously applied for membership in the Moyers Corners Fire Department on _____ (date).
- I am a former member. My membership was terminated on _____ for the following reason(s)

- I wish to be considered for Restricted Active Membership in the Moyers Corners Fire Department
(Must be a member of the Moyers Corners Fire Department Explorer Post 209 for 6 Months)

PART ONE

Name: _____ Date: _____

Current Street Address: _____ Apt: _____

Apartment Complex Name: _____ City: _____ State: _____

Are you at least 18 years old as of the date of this application? _____ (Yes / No)

If no, are you at least 16 years old as of the date of this application? _____ (Yes / No)

NYS Driver License No. (Required for all applicants): _____ 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 AND SERVICE RECORD

Current Employer: _____ Hours of Employment: _____

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

Employer Phone No. _____

Have you ever served in the armed forces? _____ (Yes or No)

Branch: _____ Type of Discharge: _____ Rank at Discharge: _____

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

It is the requirement of the Moyers Corners Fire Department that applicants must provide documentation of successful completion of high school (diploma) or G.E.D. certificate before a vote of the department body.

Do you have a High School Diploma or G.E.D.? _____ (Yes or No)

If no, are you still in High School? _____ (Yes or No) If yes, please list anticipated graduation date: _____

High School: _____ Address: _____

If no, highest grade completed: _____

Candidates for Bunk-In Program should complete the following:

College: _____ Dates of Enrollment: _____

College Address: _____ Major: _____

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: EMT Level _____ Card No: _____ Place Taken: _____ Exp. Date: _____

CPR: _____ Exp. Date: _____ Others: _____

Note: Please attach copies of applicable certificates.

PART SEVEN

ESSENTIAL MEMBER FUNCTIONS

The functions in this application were based on in-depth consideration of essential firefighting functions. These essential functions are what firefighters are expected to perform at emergency incidents and are derived from the performance objectives stated in NFPA 1001, "Standards for Firefighter Professional Qualifications." All candidates must certify at the end of this application that they are able to perform these essential functions, with or without reasonable accommodation.

Such essential functions are performed in and affected by the following environmental factors:

1. Operate both as a member of a team and independently at incidents of uncertain duration.
2. Spend extensive time outside exposed to the elements.
3. Tolerate extreme fluctuations in temperature while performing duties. Must perform demanding work in hot (up to 400°F), humid atmospheres (up to 100%), while wearing equipment that significantly impairs body-cooling mechanisms.
4. Experience frequent transition from hot to cold and from humid to dry atmospheres.
5. Work in wet, icy, or muddy areas.
6. Perform a variety of tasks on slippery, hazardous surfaces such as on rooftops or from ladders.
7. Work in areas where sustaining traumatic or thermal injuries is possible.
8. Face exposure to carcinogenic dusts such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents either through inhalation or skin contact.
9. Face exposure to infectious agents such as Hepatitis B or HIV.
10. Wear personal protective equipment that weighs approximately fifty pounds while performing tasks.

11. Perform physically demanding work while wearing positive pressure breathing apparatus with 1.5 inches of water column resistance to exhalation at a flow of 40 liters per minute.
12. Perform complex tasks during life-threatening emergencies.
13. Work for long periods of time, requiring sustained physical activity and intense concentration.
14. Face life or death decisions during emergency situations.
15. Be exposed to grotesque sights and smells associated with major trauma and burns.
16. Make rapid transitions from rest to near maximal exertion without warm-up periods.
17. Operate in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces.
18. Use manual and power tools in the performance of duties.
19. Rely on senses of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life threatening environment throughout the duration of the incident.
20. With the help of one other person, be able to lift 150 pounds to a height of thirty inches.

PART EIGHT	AGREEMENT
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Please read, sign, and date the below agreement before mailing this application. All applications must be mailed to:

Moyers Corners Fire Department
7697 Morgan Road
Liverpool, NY 13090
ATTN: Membership Committee Chairperson

Any application that is not mailed to the above address shall not be the responsibility of the fire department. Please read and sign this agreement before submitting your application. Emailing the document to the business office is allowed. If all required information is not submitted your application can be denied.

I understand that any false answer, statement, or omission of any pertinent or required information made by the applicant 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 and must be surrendered upon termination of membership.

This certifies that I completed this application, and that all entries on it and information in it are truthful and complete to the best of my knowledge. This further certifies that I have reviewed the essential functions in Section Seven and that I am capable of performing these functions, with or without reasonable accommodation.

Signed: _____ Date: _____

The Moyers Corners Fire Department does not discriminate because of age, race, creed, color, religion, national origin, sex, sexual orientation, disability, predisposing genetic characteristics, marital status, military status or veteran status. Your opportunity for membership with the MCFD depends solely on your qualifications.

IMPORTANT NOTICE: APPLICANT MUST READ AND SIGN

ARSON/SEX OFFENDER CHECK: Effective April 1, 2000, Executive Law 837-o requires applicants for membership to volunteer fire departments in New York State to undergo a criminal history check through the division of criminal justice services (DCJS) to determine if the applicant stands convicted of the crime of arson in New York State.

Effective December 1, 2014, Executive Law 837-o, requires applicants for membership to volunteer fire departments in New York State to submit to a background check for any prior sex offense convictions through the division of criminal justice services (DCJS).

When an arson conviction is found, the Sheriff will note "Convicted of Arson" in the comments section of the DCJS-9 form and return the form directly to the fire chief.

When a sex offender conviction is found, the Sheriff will note "Convicted of Sex Offender" in the comments section of the DCJS-VFF 12/14 form and return the form directly to the fire chief.

When the fire chief receives notice that a record of an arson conviction was found, the fire chief shall, in the strictest confidence, inform the applicant of that fact and further inform them that they **cannot** join this or any other fire department as long as the arson conviction is on their record.

When the fire chief receives notice that a record of sex offender conviction was found, the fire chief shall evaluate whether the conviction, based on all the factors set forth in N.Y. Corrections Law § 753, will be a bar to membership. If it is determined that the sex offense is a bar, the chief will, in the strictest confidence, inform the applicant of that fact.

Whenever a report from the DCJS contains a positive finding, the applicant has a right to challenge and appeal the information contained in the record of conviction. Should the applicant contest the findings and wish to appeal, they may do so by directly contacting the DCJS office of operation at 518.457.6051.

The following information is required in order to run these criminal history checks, and will be used for this purpose only:

Social Security Number: _____ Date Birth: _____

Previous Names (if any): _____

BACKGROUND CHECK: Moyers Corners will also complete a background check using a third party administrator. This background check is in addition to the DCJS records check. You will be provided with a background check disclosure and authorization form separately from this application. You must complete and return the authorization in order to be considered for membership.

DRUG TESTING: You may also be required to take a drug test by a third party administrator prior to approval for membership in MCFD. Failure to complete the required drug test or any positive finding in the drug test may result in rejection of your application for membership.

Should the applicant contest the drug test findings you may contact the MCFD Business office for that contact information.

REQUIRED IDENTIFICATION: The applicant **MUST** show two (2) irrefutable forms of personal identification at the interview with the Moyers Corners Fire Department membership committee.) One form is a NYS driver license with picture and one additional verifiable form of ID such as: Military, Passport, Sheriff's, Birth Certificate, Corporate, School, or equivalent. The Department Chief shall determine what a verifiable form of ID is.

This certifies that the above notice to applicant was read and understood.

Signed: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Membership committee members present:

Date Investigated:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional Comments: _____

Membership Committee Vote: _____ YES _____ NO _____ ABS Fire Company No. _____

Reason for rejection: _____

General Body Vote: _____ YES _____ NO _____ ABS Date: _____

Date Resigned: _____ Terminated: _____ Reason: _____

Doctor's Approval Received: _____ Date: _____