



APPLICATION FOR MEMBERSHIP

To the Officers and Members of the:

BOLTON VOLUNTEER FIRE COMPANY, INC.

The following individual wishes to apply for membership for:

Fire Dept. only ___ Fire and EMS ___ EMS Only ___

PERSONAL INFORMATION: (please fill out completely)

Name: _____ Phone: _____
Street Address: _____ PO Box: _____
City: _____ State: _____ Zip: _____
How long at this address? _____
Male or Female? ___ Age: _____ Date of Birth: ___/___/___
Social Security Number: ___-___-___
Drivers License Number: ___-___-___ Exp. Date: ___/___/___
Marital Status: _____ If Married, spouses name: _____
Emergency contact (if other than spouse): _____ Phone: _____
Length of continuous residency in the Town of Bolton (must be a minimum of 6 months): _____

EDUCATION:

High School: _____ Date Graduated: _____
Address: _____
College or Trade School: _____ Date Graduated: _____
Address: _____
Other: _____

EMPLOYMENT:

Present Employment: _____ Phone: _____
Address: _____

Regular Working Hours: _____ Length of Employment: _____

List other employers in the past three years:

<u>Employer</u>	<u>Address</u>	<u>Phone</u>	<u>Dates Worked</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

REFERENCES:

General References

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Bolton Fire Department References (if one is known)

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____

GENERAL INFORMATION:

Have you ever been convicted of a crime or are you currently awaiting charges for any crime? _____.

(Exclude any simple traffic tickets but include DWI)

If so what? _____

Have you ever belonged to a Fire Department or Emergency Squad before?

<u>Name of Department</u>	<u>Dates of Membership</u>
1. _____	_____
2. _____	_____

Please list any specialized training, along with any special qualifications or skills:
(Please include copies of any current certifications)

(Use the back of this page or a separate sheet if additional space is needed)

The Bolton Volunteer Fire Company, Inc. will submit an application for a criminal background check to check for a record of any criminal convictions . If a record of any arson conviction is found, this application must be immediately rejected in accordance with New York State Law. This record is confidential information to the Chief of the Fire Company and Investigation Committee, and will not under any circumstances, be divulged to anyone.

I hereby certify that the above information is complete and correct to the best of my knowledge. The criminal background check procedure has been explained to me, and I authorize the Fire Company for this check.

Signature of Applicant

____/____/____
Date

When your application is complete contact Assistant Chief Jeremy Coon at 361-1086 to hand it in. Thank You