



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: _____

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:

<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 infractions)

If so what? _____

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

Name of Department

Dates of Membership

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 with the Warren County Sheriff's Office 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