

2240 Central Ave, Schenectady, NY 12304

| Candidate Name: (Last, First, Middle) | | | |
|--|---|--|--|
| Maiden Name/AKA's: | | | |
| Social Security #: | DOB | | |
| Place of Birth: | | | |
| Home Address: | | | |
| Home Phone: | Cell Phone: | | |
| E-Mail Address: | | | |
| Do you live alone? If "No", list name, age, a | nd relationship to all household members. | | |
| | | | |
| Spouse or Significant Other's Name: | e: DOB: | | |
| Spouse or Significant Other's Contact Info: | | | |
| Emergency Contact Information: | ······ | | |
| Do you wear corrective lenses or contacts? Yes | No | | |
| If yes, which: | | | |
| Do you have any physical ailment that would preventYesNo | | | |
| If yes, list: | | | |
| School(s) Attended: | Graduate? | | |
| | Graduate? | | |
| Course of Study: | | | |

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| Current Employer: | Job Title: | | |
|--------------------|---------------------|--|--|
| Profession: | Date Employed: | | |
| Supervisor's Name: | Supervisor's Phone: | | |
| Former Employer: | Job Title: | | |
| Profession: | Date Employed: | | |

List any clubs, organizations or organized activities you are currently or have previously been involved in. Include military experience (branch, number of years, relevant duties, etc...) and or other emergency service experience (Fire, EMS, Police, contact information etc...)

Have you ever been convicted of ANY crime or traffic infraction?

If "yes" above, please provide the date, time, location, and dispositions.

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Internet

Indicate any social media names by which you are known: _____

Including but not limited to: images, video, blogs, or text content:

- 1. Have you posted anything to the internet that depicts you engaged in an unlawful act?
- 2. To the best of your knowledge, is there any content on the internet that depicts you engaged in an unlawful act?
- 3. Have you posted anything to the internet that depicts you in a manner that might tend to bring discredit to the Stanford Heights Fire Department or Stanford Heights Fire District, or in which you present or support a viewpoint that might tend to bring discredit to Stanford Heights Fire Department or Stanford Heights Fire District if you are accepted?
- 4. To the best of your knowledge is there any content on the internet that depicts you in a manner that might tend to bring discredit to the Stanford Heights Fire Department or Stanford Heights Fire District, or in which you present or support a viewpoint that might tend to bring discredit to Stanford Heights Fire Department or Stanford Heights Fire District were accepted?
- 5. You will receive a friend request on any social media website a profile attributed to you is located. Do you have any issue accepting such friend request?

If the answer is "Yes" to any of these questions, please explain in detail and provide the URL (Web Address) for any site on which the relevant content may be located.

Provide two personal references including addresses and telephone number for each. DO NOT INCLUDE RELATIVES, EMPLOYERS, EMPLOYEES, PERSONS LIVING OUTSIDE THE UNITED STATES, PERSONS LIVING WITH YOU, OR ANY OTHER PARTY PREVIOUSLY LISTED.

| 1. | |
|----|--|
| | |
| | |
| | |
| 2. | |
| | |

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AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned is an applicant for membership with the Stanford Heights Fire Department. I hereby authorize the release of any and all information pertaining to myself to any representative of the Stanford Heights Fire Department. I further authorize any agency, company or other entity, or body holding information relating to myself to provide copies of any such documents to the Stanford Heights Fire Department. I hereby release and waive any claims against any provider of information to the Stanford Heights Fire Department. A machine copy of this document is to be as effective as an original.

| Signature of Applicant: |
|--|
| Applicant Name: |
| |
| Parent or Guardian Signature if Under 18 |
| Parent or Guardian Signature if Under 18 |
| Parent or Gaurdian Name: |
| |
| Street: |
| City: |
| State & Zip: |

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| Having read the Membership Obligation | , do you feel you | have the t | ime and interest to |
|--|-------------------|------------|---------------------|
| fulfill the duties of an active firefighter? | Yes | No | |

I declare that the above information, to the best of my knowledge and belief is true, correct, and complete. I understand that falsification of information or failure to disclose requested information will be grounds for dismissal/removal regardless of the date discovery.

Date: _____

Signature of Applicant: _____

Applicant Name: _____

Parent or Guardian Signature if Under 18

Parent or Gaurdian Name: _____

Sponsor's Printed Name: _____

Sponsor's Signature

Sponsor's signature declaring the following are included with the application:

_____ Copy of driver's license

_____ Copies of relevant training certificates

_____ Applicant signed application AND information release

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MEMBERSHIP OBLIGATIONS

- 1. Qualifications of Active Firefighters. A person who is at least 15 years of age, of good moral character and physical fitness, who has been accepted by the Department and the District and agreed to uphold the By---Laws of the Department. Applicants and members who reside outside of the Fire District must reside within 3 miles of the nearest Fire District boundary.
- 2. A new member shall be on probation for a period of one (1) year unless deemed otherwise.
- 3. All members shall be expected to serve on yearly appointed committees.
- 4. All regular meetings of this Department shall be held on the second Monday of each month at 7:00 P.M.
- 5. All regular drills shall be held on the first, third, and fourth Monday of each month at 7:00 P.M. Firefighters should be at the Fire Department by 6:45 P.M.
- 6. Day drills are held every Monday at 9:00 A.M., unless otherwise posted on the bulletin board.
- 7. Excuses. Work, personal reasons, family sickness or death in the family shall be the only excuses granted for non---attendance at drills and meetings.
- 8. Excuses from duty. After reporting for duty, each member shall be considered on duty until excused by their Commanding Officer, or until the Department is dismissed. Any member detailed on special work, such as loading hose, watch duty, or special service duty, shall be considered on duty in all respects as though working at a fire or emergency.
- 9. All members at the time of initiation will be furnished by the Financial Secretary (upon receipt of a twenty---five dollar (\$25.00) deposit), with a badge and key, which are the property of the Department and/or District.
- **10.** Regular drills for all active firefighters with one (1) year of less service shall be on the second and fourth Thursday of each month at 7:00 P.M.

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BACKGROUND INVESTIGATION CHECK LIST FOR OFFICAL USE ONLY

- 1. Document Copies YES/NO Signature YES/NO Release YES/NO If "NO" to any of the above questions RETURN APPLICATION TO SPONSOR
- 2. Internet Search completed? YES/NO

 - c. SOCIAL MEDIA:
 - d. DRIVERS LICENSE (COMMISSIONER):
 - e. ARSON: _____
- 3. Neighborhood Research complete? YES/NO

INTERVIEW AT LEAST ONE NEIGHBOR

Applicant's neighborhood summary: _____

Description of interior applicant's residence:

Interview of applicant: ______

SIGNATURE OF AT LEAST 2 INVESTIGATING COMMITTEE MEMBERS (print then sign)