

Clay Volunteer Fire Department
4383 Route 31
Clay, New York 13041
(315)652-4242 or (315)652-6121

Application for Membership

_____ *Date*

Name _____
Last Name First Name Middle Name

Address _____ Apt. No. _____

City _____ State _____ Zip _____

Telephone ~ Home () _____ Cell () _____

Social Security No. _____ Date of Birth _____ Age _____

City of Birth _____

Check Appropriate Box:

Caucasian **Black** **Native American** **Other** _____

Check one box:

Hispanic **Non Hispanic**

Current Employer _____

Address _____
Street/PO Box City State Zip

Job Title _____ Telephone No. _____

How Long Employed _____ Years _____ Months

Scheduled Work Hours _____ Total Hours/Week _____

NYS Driver's License No. _____ Expires _____

Class _____

Other State _____ ID No. _____ Class _____

Is license current and active? _____ If no, please explain why _____

CHARACTER REFERENCES: (Must have complete address)

Name Street City Zip Code Telephone No.

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Have you ever been convicted of any crime other than a minor traffic violation but including D.W.I.? Yes No

If yes, please explain: _____

Please list any past firematic or EMS experience:

Organization _____
Name Address

Length of Service _____ **Reason for Leaving** _____

Please list any additional experience on back of this page.

High School _____
Name Address

Still in School? Yes No **Graduated** Yes No **High School Year Graduated** _____

GED ~ Year Completed _____

College _____
Name Address

Still in School? Yes No **Graduated** Yes No **College Year Graduated** _____

Military Experience _____
Branch

Still in Military? Yes No **Please submit copy of your DDT 214**

List below any Fire Schools and/or EMS Medical Courses you have taken. Include the name of the course, date, location and if you have Certificate of Completion.

Require Essay: Please write a two to three paragraph essay about “why do you want to join the Clay Fire Department” Please attach a separate document.

In case of emergency, call:

Name _____ Relationship _____

Address _____

Telephone ~ (Day) _____ (Evening) _____

APPLICATION AGREEMENT:

Please read and sign below.

I, the undersigned, certify that this application was completed by me, and that all information contained therein is true and complete to the best of my knowledge.

As part this application, I hereby grant permission to the Clay Volunteer Fire Department to conduct an inquiry of character references, past or present employer(s), driver history and criminal history.

I understand that any false answers, statements, or implications made by me on this application or other required documents may result in denial of membership or removal from the active roster of this Fire Department.

Signature

Date