



Minoa Fire Department, Inc.

238 N. Main Street Minoa, NY 13116
315-656-9204
membership@minoafire.org

MEMBERSHIP APPLICATION

PERSONAL DATA

First Name Middle Name Last Name Date of Birth

Street Address City State and Zip Code

Social Security Number Phone Number Email Address

Emergency Contact Street Address Phone Number

MEMBERSHIP POSITIONS

- | | |
|--|--|
| <input type="checkbox"/> Interior & Exterior Firefighter | <input type="checkbox"/> Restricted Firefighters (16 & 17 years old) |
| <input type="checkbox"/> Driver / Operator | <input type="checkbox"/> Junior Member (14 & 15 years old) |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Support Member |
| <input type="checkbox"/> Fire Police | |

Briefly describe why you are interested in becoming a member:

EMPLOYMENT

Current or Most Recent Employer Date Started Date Ended

Supervisor Contact Phone Number Shift: Days / Evenings / Nights

Will your employer allow you to leave for fire calls? YES NO

MILITARY SERVICE: Have you served or are you currently serving in the US military? YES NO

If yes, please list: _____

EDUCATION: List the high schools and colleges you have attended:

College/High School	Years Attended	Did you graduate?	YES	NO
_____	_____	Did you graduate?	YES	NO
_____	_____	Did you graduate?	YES	NO
_____	_____	Did you graduate?	YES	NO

List any other schools or classes you have attended (BOCES, Technical Schools)



Minoa Fire Department, Inc.

238 N. Main Street Minoa, NY 13116
315-656-9204

MEMBERSHIP APPLICATION

TRAINING AND CERTIFICATIONS

Do you have relevant training that should be included in your emergency services file? (CPR, First Aid, etc.)

Certification	Expiration Date
_____	_____
_____	_____
_____	_____

FIRE/EMS EXPERIENCE

Have you ever belonged to or applied to the Minoa Fire Department? YES NO If yes, when? _____
 Have you ever belonged to or applied to another fire department? YES NO If yes, please list below:

Fire Department	Address	City/State Zip	Phone Number
-----------------	---------	----------------	--------------

BACKGROUND INFORMATION

Do you have a New York State Driver's Licence? YES NO

Driver's Licence Number	Class	Expiration Date	State
-------------------------	-------	-----------------	-------

Have you ever had any traffic violation(s) YES NO If yes, list below:

Violation	Date of Violation
_____	_____
_____	_____
_____	_____

REFERENCES: Please list three (3) references that are **NOT** related to you **OR** members of the Minoa Fire Department

Full Name	Phone	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that I have read and that I fully understand this application. I also certify that all of the information is true and complete to the best of my knowledge. YES NO

Through its duly authorized representatives, I am allowing the Minoa Fire Department to conduct a thorough and comprehensive background investigation of my personal life and work history to determine my suitability for membership. I am granting the Minoa Fire Department permission to check my background with the State of New York Department of Criminal Justice System by signing this application. By signing this application, I am acknowledging that I understand that should any information is given on, or as a result of this application, be false, misleading or erroneous, it may result in the rejection of my membership application or my discharge from the Minoa Fire Department. YES NO

I agree and understand that if this application is submitted online or electronically, my type-printed name on the signature line is legally binding and is equal to my original handwritten signature. YES NO

Applicant Signature _____	Date _____
---------------------------	------------

Witness _____