



ANGOLA VOLUNTEER FIRE COMPANY ANGOLA VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

51 Commercial Street, Angola, New York 14006

The Angola Volunteer Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information. A \$10.00 application fee must accompany this application.

INSTRUCTIONS

1. PLEASE PRINT, except for the signature on the back of application.
Incomplete or illegible applications will not be processed.
2. Applications without an affidavit signature on the last page will not be accepted.
3. Applications should be submitted to the Angola Fire Dept either in person or mailed to the address above.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Do you wear contacts or glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email Address
	Have you previously applied for membership with the Angola Fire Department? If Yes, Month and Year			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have any relatives in the fire service? If yes, give name and department:			<input type="checkbox"/> Yes <input type="checkbox"/> No
				Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How did you hear about membership opportunities? <input type="checkbox"/> Ad <input type="checkbox"/> Friend <input type="checkbox"/> Fire Dept member <input type="checkbox"/> Website <input type="checkbox"/> Other _____			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
	High School or GED				<input type="checkbox"/>	
	Business/Trade				<input type="checkbox"/>	
	Technical				<input type="checkbox"/>	
	College				<input type="checkbox"/>	
	Graduate				<input type="checkbox"/>	

PLEASE LIST ANY SPECIALIZED TRAINING IN THE FIRE OR LIFE SAFETY FIELD.

<input type="checkbox"/> Firefighter One level of State qualification	<input type="checkbox"/> Haz Mat Awareness level of State certification
<input type="checkbox"/> Firefighter Two level of State qualification	<input type="checkbox"/> Haz Mat Technician level of State certification
<input type="checkbox"/> Emergency Medical Technician - Basic	<input type="checkbox"/> Other _____
<input type="checkbox"/> Haz Mat Operations level of State certification	<input type="checkbox"/> Other _____

SPECIAL SKILLS

List proficiency with any heavy machinery, industrial equipment, or specialized training you may have

List any computer skill you may possess, i.e., hardware, software applications, programming skills, etc.

Why do you want to join our Fire Company / Department?

Have you ever been convicted of any law violation in the last ten years, excluding minor traffic offenses, which have not been annulled, expunged or sealed by the court? Include any pleas of "guilty" or "no contest". (A conviction will not necessarily disqualify an applicant for membership.) Yes No If yes, describe in full:

A criminal Record background check will be performed before application is processed.

Do you have a valid driver's license? Yes No State: _____ Class: _____

Have you had your license suspended or revoked within the last two years? Yes No

If Yes, give details:

A Background Check of your Driving record will be performed before application is processed. LISC # _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment history including military service. Start with your present or most recent employer FIRST. If self-employed, give firm name and business references

NOTE: Membership may be contingent on acceptable references from current and former employers.

Company Name	Telephone
Address	Employed (Month and Year) From: To:
Name of Supervisor (must be filled in)	Reason for Leaving if appropriate:
Job Title: Job Description:	
Reason for and length of inactivity between employers:	

Company Name	Telephone
Address	Employed (Month and Year) From: To:
Name of Supervisor (must be filled in)	Reason for Leaving
Job Title: Job Description:	
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Name of Supervisor (must be filled in)	Reason for Leaving
Job Title: Job Description:	
Reason for and length of inactivity between employers:	

Village of Angola
Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of, all records concerning myself to the Village of Angola personnel department whether said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any criminal history records directly or indirectly, in whole or in part, upon this authorization for release will be considered in determining my suitability for employment by the Angola Fire department.

I agree to indemnify and save harmless this Agency, and any other criminal justice agency as defined by the Code of Federal Regulations, Title 28, Chapter 1, Part 20, the electronic data processing agencies with whom this agency or any of the above entities (1) from and against any and all causes of action, demands, suits and other proceedings of nature; (2) against all liability to others, including any liabilities for damages by reason of or arising out of any arrests, or imprisonment or any causes of action whatsoever, and (3) against any loss, cost, expense and damage resulting therefrom, arising out of or involving any negligence on the part of Recipient in the exercise or enjoyment of this authorization.

A PHOTCOPY OF THIS RELEASE IS CONSIDERED A VALAD COPY OF THE ORIGINAL, EVEN THOUGH THIE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE

I have read and fully understand the contents of the Authorization for release of personal information.

Signature of applicant

Date of Birth: ___ \ ___ \ ___

Social Security Number: ___ - ___ - ___