

*Egypt Fire Association use only*

Date Application Received:		Date Background / Arson Check Received:	
Date of Interview:	Date of Application Reading:	Date of Vote:	
The Board of Trustees of the Egypt Fire Association DID DID NOT accept the applicant for membership in the Egypt Fire Association			
Clerk of the Board:		Date:	



Egypt Fire Association, Inc.

7478 Pittsford-Palmyra Road  
Fairport, NY 14450

Station: (585) 223-1923 · Fax: (585) 425-1278

**MEMBERSHIP APPLICATION**

Today's Date: \_\_\_\_\_

Last Name:		First Name:		MI:
Address:			City, State, Zip Code:	
Home Number: (     )     )		Work Number: (     )     )		Mobile Number: (     )     )
Social security Number:		E-Mail Address:		
Driver's License Number:		Issuing State:		Expiration Date:
PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE WITH THIS APPLICATION.				

How were you referred to the Egypt Fire Association?		<input type="checkbox"/> Walk-in	<input type="checkbox"/> Open House	<input type="checkbox"/> Fund Drive Mailing
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Membership Mailing	<input type="checkbox"/> EFA Website	<input type="checkbox"/> Social Media	Other: _____
By an active member (Name of member: _____)				

**We are an Equal Opportunity Organization**

We are an Equal Opportunity Organization, and we do not discriminate on the basis of race, color, creed, religion, national origin, sex, age, disability, sexual orientation, veteran status, marital status, status as a disabled veteran, or any other status protected by law. If you are a person with a disability, we invite you to notify us of your needs during the application process. Information provided on this application will not be used for any discriminatory purpose.

**Background Check:**

The Egypt Fire Association will perform a background check, including a criminal background check on all prospective members. The results of this check are part of the consideration for membership in the Egypt Fire Association.

Applicant initial Here: \_\_\_\_\_

Provide all of the information requested

Your complete application will be proposed at a regular business meeting. Your application will then be tabled for one (1) month. After one (1) month your application will be voted on by the active membership of the Egypt Fire Association.

**WE ENCOURAGE ALL PROPOSED MEMBERS TO ATTEND REGULARLY SCHEDULED TRAINING DRILLS THAT ARE SCHEDULED ON MONDAY EVENINGS.**

## PERSONAL INFORMATION

How Long have you resided at the address on page 1?	Years: _____ Months: _____
How long have you resided in New York State?	Years: _____ Months: _____
Are you 18 years of age or older?	YES    NO    If NO, state your age: _____
Have you ever been known by another name? (ex: change in first or last name, nickname or name you use)	YES    NO
If "YES", Please explain:	

## REFERENCES

Please list three (3) Personal References who are NOT family members of Egypt Fire Association Members.

Name	Address	Phone Numbers	Relationship
1.			
2.			
3.			

## EMPLOYMENT INFORMATION

Please list ALL the jobs held in the last five (5) years (including self-employment, summer and part-time jobs).

List current or most recent first. Use another sheet if necessary.

Are you currently employed?	YES    NO
Name of employer:	Address:
Contact Person:	Phone Number:
Dates- From/To:	Position Held:
Reason for Leaving Job:	

Are you currently employed?	YES	NO
Name of employer:	Address:	
Contact Person:	Phone Number:	
Dates- From/To:	Position Held:	
Reason for Leaving Job:		

Are you currently employed?	YES	NO
Name of employer:	Address:	
Contact Person:	Phone Number:	
Dates- From/To:	Position Held:	
Reason for Leaving Job:		

### **SCHOOL INFORMATION**

Are you currently attending High School or College?	YES	NO	If "YES", complete below:
Name of High School:	Grade:		
Name of Guidance Counselor:	Phone Number:		
Name of College:	Grade:		
College Contact Person:	Phone Number:		

### **EDUCATIONAL INFORMATION**

Please provide information about your education.

	Name	Course of Study	Did you Graduate?	Degree
High School				
College				
Graduate School				
Trade or Technical School				

## EMERGENCY SERVICE EXPERIENCE

Are you now or have you been a member of or employed by any other Fire / Ambulance / Police Service?      YES      NO

Name of <u>Current</u> Department / Agency:		Civil and/or Line Offices Held:	
Address:	Phone Number:	Brief description of your firefighting and/or EMS duties:	
City:	State:      Zip Code:		
Chief's Name:	Contact Number:	Highest Rank Achieved:	
<b>PLEASE PROVIDE A LETTER OF RECOMMENDATION FROM YOUR CURRENT CHIEF</b>			

Name of <u>Former</u> Department / Agency:		Civil and/or Line Offices Held:	
Address:	Phone Number:	Brief description of your firefighting and/or EMS duties:	
City:	State:      Zip Code:		
Contact Person for Reference:	Contact Number:	Highest Rank Achieved:	
Reason for Leaving:			

PLEASE LIST ALL COMPLETED TRAINING COURSES AND SKILLS TRAINING  
(Include copies of any certifications with this application)

## MILITARY EXPERIENCE

Have you ever served or are you currently serving in the Military?	YES	NO
Branch of Service:	Length of Service: From: <span style="float: right;">To:</span>	
Were you dishonorably discharged?	YES	NO
If YES, please explain:		
A DISHONORABLE DISCHARGE DOES NOT NECESSARILY DISQUALIFY YOU FROM MEMBERSHIP		
Present Military Affiliation:		
Reserve (Active)	Reserve (Inactive)	National Guard      None
Kinds of Training and Duty while in the service:		

## CRIMINAL HISTORY

Have you ever been convicted or pled guilty (including a plea bargain) to a felony, misdemeanor, insurance fraud, arson or reduction of one of these offenses?	YES	NO
If "YES", please give details:		
BEING CONVICTED OF A CRIME OTHER THAN ARSON DOES NOT NECESSARILY DISQUALIFY YOU FROM MEMBERSHIP.		

OSHA Regulations require that you pass a physical examination, which will be provided to you, before you enter the Egypt Fire Association.

## ACKNOWLEDGEMENT

With the Freedom of Information Law (FOIL), all information contained/obtained herein will remain confidential and will be used only for internal membership processing.

I hereby certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that any false statement, misrepresentation, or omission may be cause for rejection of my application or, if already a member, my immediate removal from the membership rolls. I understand that membership in the association is contingent upon verification of the information on this application and on any other information pertinent to my membership.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED



Egypt Fire Association, Inc.

7478 Pittsford-Palmyra Road

Fairport, NY 14450

Station: (585) 223-1923 · Fax: (585) 425-1278

## **APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the employers, educational institutions, law enforcement agencies, fire/EMS agencies, military services, and references named above to provide Egypt Fire Association with information and opinions concerning my educational background, previous work experience, military record, and work-related qualifications, behavior, and character. I understand that the information and opinions disclosed by these organizations, and individuals will be used by the Egypt Fire Association to evaluate my suitability for membership and may include both favorable and unfavorable material. I hereby release each individual reference and each of my current and former employers, and their respective agents and employees from any and all claims and liabilities related to the information and opinions they provide to the Egypt Fire Association, and hereby release the Egypt Fire Association, its members, employees, and agents from all claims and liabilities related to its use of the information and opinions provided.

I understand that my membership in the Egypt Fire Association is subject to a background check, including a criminal background check; passing a physical examination provided by the Egypt Fire Association; satisfactory references; verification of my past employment and education.

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that any false statement, misrepresentation, or omission may be cause for rejection of my application or if I am already a member, my immediate removal from membership.

I understand that his form will accompany requests for official documents, information, and opinions and requests for confirmation of my credentials. A copy of this authorization shall be valid as the original.

---

APPLICANT'S NAME (Please Print)

---

APPLICANT'S SIGNATURE

---

DATE SIGNED