

# VOLUNTEER & EMPLOYMENT APPLICATION



## ESOPUS FIRE DEPARTMENT

Name: \_\_\_\_\_

Esopus Fire Employment/Membership Application

Thank you for your interest in joining the Esopus Fire Department. The town of Esopus is protected by five districts: Esopus, Rifton, St. Remy, Port Ewen, and Connelly. Each district is independent of the others, but assistance is provided if needed under mutual aid agreements. EMS for the town of Esopus is provided by one Basic Life Support (BLS) Agency, the Town of Esopus Volunteer Ambulance Squad.

The district is managed by the fire commissioners, who are elected by the residents. The fire department is managed by the officers, who are elected by the active members. The department has a responsibility to provide personnel to the fire district. The fire district and the fire company work together to provide fire protection, EMS, and other critical emergency services to the residents of the Esopus Fire District.

Please complete this application; any missing or late information might delay the application process.

Date:

Submitted Application \_\_\_\_\_

First Read of Application at department meeting \_\_\_\_\_

Background Check \_\_\_\_\_

Interview by Application Committee \_\_\_\_\_

Reference Check \_\_\_\_\_

Vote by members at department meeting \_\_\_\_\_

Approved by district commissioners \_\_\_\_\_

Applicant notified by social officer of status \_\_\_\_\_

Once all of the above steps are completed satisfactorily, the new member will start as a probationary active member. The Chief Officers will handle the distribution of fire equipment. The president will issue approval for formal parade dress uniforms. All equipment or uniforms issued are subject to immediate return at the request of the Chief Officer, President, or Commissioners.

Esopus Fire Employment/Membership Application

**Personal Information:**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)
2. Street Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)
3. Mailing Address: \_\_\_\_\_  
(Address) (City) (State) (Zip)
4. Do you have a valid NYS Drivers License: Yes: \_\_\_ No: \_\_\_ SSN: \_\_\_\_\_  
**\*A valid NYS Driver's License or NYS DMV ID card is needed to submit this application**  
State: \_\_\_\_\_ Client ID Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_
5. Do you have access to a vehicle: Yes: \_\_\_ No: \_\_\_ 6. Height Ft: \_\_\_ In: \_\_\_\_\_
6. Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_
7. (Email) \_\_\_\_\_
8. How long have you resided at the above address? Years: \_\_\_ Months: \_\_\_\_\_
9. How long have you resided in New York State? Years: \_\_\_ Months: \_\_\_\_\_
10. Are you 16 years of age or older? Yes: \_\_\_ No: \_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
11. Are you a citizen of the United States? Yes: \_\_\_ No: \_\_\_  
If you are not a citizen of the United States, have you the legal right to remain permanently in the United States? Yes: \_\_\_ No: \_\_\_\_\_
12. Racial Appearance: \_\_\_ White \_\_\_ Black \_\_\_ Indian \_\_\_ Asian \_\_\_ Other Ethnicity: Hispanic Not Hispanic
13. Have you ever been known by any other name (e.g. marriage) ? Yes: \_\_\_ No: \_\_\_  
If so, list name(s) and reason (necessary to enable a check on your application).

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14. Are you currently employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_
  15. Have you ever been dismissed from any position? Yes: \_\_\_\_\_ No: \_\_\_\_\_
  16. Were you ever convicted of a crime? (Felony or Misdemeanor) Yes: \_\_\_\_\_ No: \_\_\_\_\_
  17. If you answered YES to any of the above questions please explain: \_\_\_\_\_  
\_\_\_\_\_
  18. Have you ever served in the U.S. Armed Forces? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If YES, attach a copy of your DD FORM-214. (DD-214 attached \_\_\_\_\_)

Esopus Fire Employment/Membership Application

**HEALTH INFORMATION:**

- 19. Would you object to taking a physical? Yes:\_\_\_\_\_ No:\_\_\_\_\_
- 20. Do you currently have any disabilities or health problems that would affect your ability to work on an emergency scene or other department events? (If yes, please list below)

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21. Are you taking any medications affecting your ability to work on an emergency scene or other department events? (If yes, please list below)

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**\*The district requires all active personnel to pass a physical and drug test at a district-approved medical facility.**

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**FIREMATIC INFORMATION:**

- 22. Type of membership applying for: Active\_\_\_\_\_ Social \_\_\_\_\_  
(If applying for social status, questions 22-26 can be skipped)
- 23. Please indicate your availability to participate in fire department activities or calls  
Please check the appropriate time periods.  
Weekdays:  
Days (8am-4PM): \_\_\_\_\_ Evenings (4PM-12AM) \_\_\_\_\_ Nights (12AM-8AM) \_\_\_\_\_  
Weekends:  
Days (8am-4PM) \_\_\_\_\_ Evenings(4PM-12AM) \_\_\_\_\_ Nights (12AM-8AM) \_\_\_\_\_
- 24. Have you ever been a member of a fire department, fire police, EMS Squad, or emergency service organization? Yes:\_\_\_\_\_ No:\_\_\_\_\_  
Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Service: From:\_\_\_\_\_ To:\_\_\_\_\_  
Positions Held: \_\_\_\_\_
- 25. Can you get a letter stating you are no longer a member of the above organization?  
Yes:\_\_\_\_\_ No:\_\_\_\_\_ (If Yes please attached, if no please explain)
- 26. Are you currently a certified NYS EMT? Yes:\_\_\_\_\_ No:\_\_\_\_\_ (if yes EMT #) \_\_\_\_\_
- 27. Do you currently have certified CPR training? Yes:\_\_\_ No:\_\_\_\_\_ (please attach a copy of card)
- 28. Have you ever applied to be a member of Esopus Fire and were denied? Yes:\_\_\_ No:\_\_\_\_\_  
If yes please explain:\_\_\_\_\_
- 29. Do you understand that by joining the Esopus Fire Department this will make you a member of a social and firematic organization that will expect you to give freely of your time to attend meetings, drills, duty nights, social events, fund raising events, and Fire/EMS calls?  
Yes:\_\_\_\_\_ No:\_\_\_\_\_
- 30. Please list any acquaintances that are members of Esopus Fire:

Esopus Fire Employment/Membership Application

**REFERENCES:**

Please list two (who are not related to you by blood or marriage) who have known you for at least 3 years

Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

Address: \_\_\_\_\_

**31.** May application committee members contact your employer, past organizations, or references you have listed to ask questions regarding your character or abilities?

Yes: \_\_\_ No: \_\_\_ If no please explain: \_\_\_\_\_

\_\_\_\_\_

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**32.** Can you provide proof of residence? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

(If yes please attach to this application)

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I affirm that I am the below named person. I affirm under penalty of perjury and signed the forgoing statement. I authorize investigation of all statements in this application, I understand that misrepresentation or omission of facts called for is cause for application rejection or dismissal if accepted as a member.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

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**To be signed by a current member of the department in good standing.**

Date: \_\_\_\_\_ Applicant Sponsor: \_\_\_\_\_

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**A parent's signature is required for member applications (under 18 years of age).**

I, \_\_\_\_\_, the applicant's legal guardian, give permission to join the Esopus Fire Department. I understand the risks and obligations of such membership and that membership may be revoked at any time in writing by the applicant or myself for any reason.

Print Guardian name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Esopus Fire Employment/Membership Application

Do not write below this line

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APPLICATION STATUS:

RETURNED TO APPLICANT \_\_\_\_ APPROVED \_\_\_\_ DISAPPROVED \_\_\_\_

Application Committee:

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_\_

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To be filled out By the Esopus Fire Department Social Officer

By a vote of \_\_\_\_ Yea and \_\_\_\_ Nay \_\_\_\_ on \_\_\_\_\_, this membership application was approved by the Esopus Fire Department. Your Approval is requested.

\_\_\_\_\_ Secretary, Esopus Fire Dept

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To be filled out by Esopus Fire Board of Commissioners

At a meeting held on \_\_\_\_\_ this application was \_\_\_\_\_ by the board of fire commissioners.

\_\_\_\_\_ Secretary, Esopus Fire Commissioners