



# Victor Fire Department

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Dear Applicant,

Thank you for expressing interest in joining Victor Volunteer Fire Department. Our mission is to provide quick, definitive, and helpful service in all emergencies we are called to respond to, within and outside our protection district. Victor Fire Department prides itself as being a premier agency in Ontario County and is always interested in motivated, hard working, and brave individuals to join our ranks.

There are several steps to apply for membership. Your application needs to be filled out completely and accurately. After your application is submitted to the membership/investigations committee, it will be sent to the Ontario County Sheriff Office for a criminal background check, as well as an arson check. Upon completion of the background investigation you will be called for an interview. The interview is informal and gives the committee an opportunity to ask you a few questions, provide you with information about the department, and explain the commitment of being a Victor Volunteer Firefighter. You will be given the chance to ask any questions you may have about the department. After your interview, the committee will give its recommendation to the department and the Victor Village Board, to approve or disapprove your membership.

Once approved for membership, new members need to complete a physical, which is paid for by the department. New members are placed on a 6 month probationary period where they have a chance to attend drills and monthly meetings, and participate in the recruit training program. Additionally, Probationary firefighters are expected to attend the New York State Basic Firefighter course which is held at the Ontario County Safety Training Facility. Probationary firefighters are provided with all the necessary protective equipment and assigned a mentor, to guide them in becoming a productive member.

Good luck and thank you!



# Victor Fire Department

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## APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_

### 1. PERSONAL INFORMATION:

\_\_\_\_\_  
(Last Name) (First Name) (M.I.)

A. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

B. Date of Birth: \_\_\_\_\_

C. Drivers License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Class of License: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

D. Are you a U.S. citizen? \_\_\_\_\_

E. List all other names by which you have been known: (i.e. maiden name)

\_\_\_\_\_  
F. Please attach a copy of drivers license and any other certifications or licenses with this completed application

### 2. ADDRESS:

\_\_\_\_\_  
(Address) (Apt.)

\_\_\_\_\_  
(City, Town, Village) (State) (Zip)

How long have you lived at your current address? \_\_\_\_\_

A. List Any Previous Addresses In The Last Five (5) Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. CONTACT INFORMATION:

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**4. EDUCATION**

Name of School	Dates	Course of Study	Graduated

(use additional sheet – if necessary )

**5. EMERGENCY SERVICES EXPERIENCE: (Fire-Rescue, Police or EMS)**

A. Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

What were your dates of service: \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

B. Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

What were your dates of service: \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

(use additional sheet – if necessary )

**6. EMPLOYMENT HISTORY:**

A. Chronologically list your employment history for the last ten (10) years...include part-time, summer and list any periods of unemployment.

Name and Address of employer      Dates      Duties      Immediate Supervisor      Reason for Leaving

A. (Present Job)				
B.				
C.				
D.				

(use additional sheet – if necessary)

May we contact your present employer? ( \_\_\_\_ ) No ( \_\_\_\_ ) Yes

**7. MILITARY RECORD:**

A. Have you ever served on active duty in the Armed Services? ( ) No ( ) Yes

B. If yes, please indicate the following:

Branch \_\_\_\_\_ Last Rank \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Member of Reserves? ( ) No ( ) Yes Branch \_\_\_\_\_

Member of National Guard ? ( ) No ( ) Yes Unit \_\_\_\_\_

**8. COURT RECORD:**

List all convictions for criminal or traffic violations (except parking tickets) Use additional sheet if needed.

Date	Agency	Charge	Disposition	Comments

**9. REFERENCES:**

Please list three personal references, **other than members of your family or this organization**, who have known you for at least FIVE years and are residents of Ontario County (where possible).

A. Name: \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

References Occupation or Business \_\_\_\_\_

Number of years known \_\_\_\_\_

B. Name: \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

References Occupation or Business \_\_\_\_\_

Number of years known \_\_\_\_\_

C. Name: \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

References Occupation or Business \_\_\_\_\_

Number of years known \_\_\_\_\_



**PRIVACY NOTIFICATION**

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESSED BY \_\_\_\_\_

DATE \_\_\_\_\_

***PRIVACY NOTIFICATION***

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information that will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

be used to determine your qualifications for the position for which you are applying;

be released to the Fire Chief and your potential supervisors, and:

be maintained in your personal file (if you become a member)

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by the Secretary

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

I \_\_\_\_\_, do hereby authorize a review and full disclosure of records concerning myself to the Victor Fire Department, the Ontario County Sheriffs Office and designated persons working on their behalf, whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility from doing so.

The intent of this authorization is to give my consent for full and complete disclosure of records of all licensing agencies, educational institutions, and law enforcement agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for membership in the Victor Fire department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Victor Fire Department, and the Ontario County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE AS VALID AS AN ORIGINAL THEREOF, EVENTHOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL SIGNATURE.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Social Security Number**

**Witness:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

**Authorization for Release  
of Family Court Records**

I \_\_\_\_\_, hereby authorize a member of the Ontario County Sheriff's Office to access all pleadings, orders, decrees, and other documents pertaining to myself that are contained in the records of the Family Court for the purpose of conducting an investigation pursuant to my application for membership to the \_\_\_\_\_ Fire Department.

I understand the records and information disclosed pursuant to this authorization will be retained as confidential and may not be redisclosed except as necessary for the investigation pertaining to my membership to the aforesaid fire department.

Your signature affixed hereto must be witnessed.

Signed \_\_\_\_\_

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_

Title of witness \_\_\_\_\_

**Notice to Applicant**

If you have indicated that you have been involved in any proceeding in the Family Court of any state, including New York State, you must complete the above authorization for release of your records. Failure to complete the form will result in a delay in processing your application and may result in the denial of your fire department application.