

VICTOR FIRE DEPARTMENT, Inc.

34 Maple Avenue, Victor, NY 14564

APPLICATION FOR MEMBERSHIP

First Name: _____ MI: _____ Date of Application: _____

Last Name: _____ Home Phone #: _____

Mailing Address: _____ Work Phone #: _____

City/Village: _____ Pager/Cell Phone #: _____

Residence (if different): _____ Date of Birth: _____

City/Village: _____ Age as of this application: _____

Email Address: _____

Note: Applicants must either reside or be employed at least 30 hours/week in the Town of Victor for at least four (4) months prior to the date of this application. Are you a resident? Yes/No

If yes, how long have you lived in the Town of Victor? _____

If you have lived at the above address for less than four (4) months, what was your previous address?

Address: _____

Please list your current employers for the last four (4) months (use the back if necessary):

Occupation: _____ Hours per week? _____

Employer: _____ How Long? _____

Employer Address: _____

More listed on back: Yes/No

List three (3) local references. Each must sign below or provide a signed letter of recommendation.

Name: _____ Signature: _____

Address: _____ Phone #: _____

Name: _____ Signature: _____

Address: _____ Phone #: _____

Name: _____ Signature: _____

Address: _____ Phone #: _____

Do you know anyone who is currently a member of the Victor Fire Department? If so, list their names here:

Have you ever been a member of the Victor Fire Department? Yes/No If so, when did you leave?

Have you ever been a member of another Fire Department? Yes/No

Are you currently a member of that Fire Department? Yes/No (Check No if unsure)

Please list that Fire Department's name, address, phone number and dates served (you will need to provide a letter of verification from each department to receive credit for years of service):

Authorization and Release for Criminal History Data

All applicants to the Victor Fire Department, as required by New York State Municipal Law, will have a background check performed through the Ontario County Sheriff's Office or New York State Police. The following information is required for this:

Place of Birth (City, County, State): _____

Social Security # _____ Aliases/Maiden Names: _____

Driver's License #: _____ State of Issue: _____ Exp. Date: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Skin Tone: Lt/Med/Dark

I, _____, give consent to the Victor Fire Department, Inc., the Village of Victor or their designee, to check, obtain, and be privileged to information pertaining to my background through any Law Enforcement Agency, Motor Vehicle Department or Division of Criminal Justice Services in the form of a Criminal History Inquiry.

A photocopy of this authorization and release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I further state that I have read and fully understand this "Authorization and Release for Criminal History Data". I also understand that conviction of a Felony or Serious Offense may be cause for denial of this application. I also understand that any omission of fact or any false statement will be sufficient cause for denial of this application.

Applicant Signature: _____

Please attach the following:

Attach a copy of your driver's license or legal picture ID clearly showing facial features.

Attach the required \$10 application fee, in the form of check or money order (no cash please) made out to the "Victor Fire Department Inc."

Attach a list (or copies of certificates) of any Firematic (or related) Training and/or certifications that you have received, including dates and locations.

Submit this application in a sealed envelope to: Department Secretary, Victor Fire Department Inc.,
34 Maple Avenue, Victor, NY 14564

Received: _____ Date: _____

Department Secretary