

# Membership Application



## DOYLE FIRE DISTRICT

DOYLE HOSE Co. #1   
DOYLE HOSE Co. #2

Date:

### Category (Please Select One)

Interior Firefighter  Standby Interior Firefighter  Junior Firefighter   
EMS Responder  Standby EMS Responder  Ages 13 - 17

### Personal Information

Full Name:

Address:

Town/City:  State:  Zip:

Email:  Phone:

Are You at Least 18 years of age or older? YES  NO

How long have you lived at your present address? Years:  Months:

If less than 3 years, please list your prior addresses for the last three years:

Address:  From  To

Do you have a valid New York State Driver's License? (Provide a Copy) YES  NO

Do you have access to reliable transportation? YES  NO

### Professional background

Company Name	Company Address	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Work Schedule

### Educational Background

What is the highest level of education you have completed?

### Military

Have you ever been a member of the United States Armed Forces? YES  NO

Branch of Service:

Did you receive an Honorable Discharge? (If no, please explain) YES  NO

**Firefighting and/or EMS Experience**

List any relevant certifications, courses, trainings (please provide expiration dates, if any)

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Do you have an illness, disease, or disability which will in anyway affect your ability to perform firefighting or EMS duties? YES  NO

If Yes, please explain: .....

.....

**Personal Background**

Have you ever been convicted or plead to any felony in the past 10 years? YES  NO

Have you ever been convicted or plead to a misdemeanor involving violence, assault, theft, burglary or fraud in the past 5 years? YES  NO

Have you ever been charged or convicted of either of the following types of offenses?

Arson or attempted arson in any degree YES  NO

An offense requiring registration as a sex offender YES  NO

An offense involving Insurance Fraud YES  NO

If Yes to any of the three, please explain: .....

.....

**Professional References**

List three (3) personal references not to include immediate family

Name	Phone Number	Relationship
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Declaration:**

I understand that I am obligated to answer the above questions truthfully and I have done so to the best of my ability. I affirm that the statements made on this application are true under penalties of perjury. I also understand I am required to successfully complete a physical exam for the operational assignment that I desire to perform, and that I must be able to perform the essential job performance requirements of such assignment, with or without reasonable accommodation. I am willing to undergo a medical examination by the district designated physicians. I hereby consent to a criminal background check. I understand that this information will be utilized in the review of legal grounds for consideration of membership only but could result in a denial of membership.

.....  
Signature

.....  
Date



# CHEEKTOWAGA POLICE DEPARTMENT

3223 Union Road Cheektowaga, New York 14227

Brian F. Coons  
Chief of Police

## VOLUNTEER FIREFIGHTER BACKGROUND CHECK REQUEST FORM

\*\*\*Understand that this serves as a local check of records maintained by the Cheektowaga Police Department and does not search records a subject may have in other jurisdictions. **This record check does not replace a comprehensive background investigation.**\*\*\*

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

AKA (also known as): \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FIRE DEPARTMENT: \_\_\_\_\_

\*This notification shall entitle the person named or his authorized representative (representative must have notarized authorization from person named) to inspect the above-mentioned record and shall be in effect until 4:00pm on the day used. It may not be extended to another day without a new request for the inspection of records form.



**NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES**  
**Office of Criminal Justice Operations**  
**Volunteer Firefighter Inquiry Form**

*INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.*

*Shaded boxes are required data elements.*

A. DATE:

**B. REQUESTING VOLUNTEER FIRE DEPARTMENT**

DEPARTMENT NAME: **Doyle Fire District #1**

TELEPHONE #:

FAX #:

DEPT. ADDRESS:

FIRE CHIEF NAME:

FIRE CHIEF SIGNATURE:

**PARENTAL CONSENT** (for applicants under age 18 as of date listed in Section A)  
 I authorize the Erie County Sheriff's Office Fire Investigation Unit to conduct an arson and sex offense registry check for the applicant listed in Section 1.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  N/A

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M  F

5. RACIAL APPEARANCE

White  Black  Indian  Asian  Unknown  Other

6. ETHNICITY

Hispanic  Not Hispanic  Unknown

7. HEIGHT

Ft. In.

8. DATE OF BIRTH

Month Day Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

11. PHONE NUMBER

( )

INVESTIGATING OFFICER: \_\_\_\_\_ DATE \_\_\_\_\_  
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE \_\_\_\_\_

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER