



## **BREWERTON FIRE DEPARTMENT, INC.**

**9625 BREWERTON ROAD • SUITE 2 • BREWERTON, NEW YORK 13029 • (315) 676-7724**

### **Application for Membership**

***“We consider applicants without regard to Race, Color, Religion, Sex, National Origin, Age, or Marital Status”***

_____ Last Name	_____ First Name	_____ Middle	_____ Home Phone #
_____ Street Address	_____ City	_____ State	_____ Zip Code

Are you over the age of 18? YES \_\_\_\_\_ NO \_\_\_\_\_

How long at present address? \_\_\_\_\_ Years \_\_\_\_\_ Months

### **Employment**

Name	Address	Phone Number & Contact Person	Month/Year
			From: To:
			From: To:
			From: To:

### **Personal Information**

Formal Education: (Check One) High School Diploma \_\_\_\_\_ GED \_\_\_\_\_

College and/or Trade School: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Fire Service Experience: \_\_\_\_\_

Emergency Medical Experience: \_\_\_\_\_

Certified EMT: Yes \_\_\_\_\_ No \_\_\_\_\_ Level \_\_\_\_\_ Certificate #: \_\_\_\_\_

Military Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Do you have a valid NYS Drivers License? Yes \_\_\_ No \_\_\_

This Institution is an Equal Opportunity Provider  
TDD#: 800-662-1220  
***The Home of the Fireflies***



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Have you ever been convicted for anything other than a minor traffic violation? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

**The Brewerton Fire Department has various types of membership please check which one you are interested in:**

**Associate Member** \_\_\_\_\_ (an associate member does not respond to calls or train as a firefighter. Their primary function is to assist the fire department in fundraising, administrative duties, rehabilitation on the fireground or other activities that would support the fire department)

**Scene Support** \_\_\_\_\_ (a member that does scene support only will go through a shorter training period that would allow that individual to respond to calls and assist without going into structure fires. These individuals would still be required to make annual training requirements and other department requirements)

**Firefighter** \_\_\_\_\_ (a member that goes through all the training to become a full interior firefighter. These individuals will still need to make all training and departmental requirements)

**RAMS** \_\_\_\_\_ (a sixteen (16) or seventeen (17) year old that is joining will fall under this category. There is an additional policy that covers this type of membership along with parental approval)

\*\* All of these positions are greatly needed. It depends on what your interests and restrictions are in which position you select. The Brewerton Fire Department does not favor anyone of these positions over another.

### **References**

Name	Address	Phone Number	Relationship

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Why do you want to become a firefighter?

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Are you aware that the fire department is not a social club and that as a member, you will be required to give freely of your time to attend alarms, meetings, drills and fundraisers?

YES \_\_\_\_\_ NO \_\_\_\_\_

***I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal. I authorize the Brewerton Fire Department to make any necessary and appropriate investigations to verify the information contained herein.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*\*\*  
\*\*\*\*\*

### **For Department Use Only**

Interview Date: \_\_\_\_\_ Location: \_\_\_\_\_

Membership Committee Members Present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

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Membership Committee's Recommendations Yes \_\_\_\_\_ No \_\_\_\_\_

Date Background Check Completed: \_\_\_\_\_

Date Member Voted On: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Letter sent to Fire District: \_\_\_\_\_

Date Member Oath Give: \_\_\_\_\_

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