

Thank you for downloading an application for membership in the Black River Fire Department, Inc. Please note that applications received must be the original copy, we do not accept digital copies or signatures. If you are unable to drop the application off in person at the station, please mail it to:

Application for Membership
Black River Fire Department, Inc.
P.O. Box 95
Black River, New York 13612-095

Interested applicants by stop by the stations Wednesday Evenings at 1900 (we are normally at the station most Wednesday). This is a great time to learn more information, meet some of the members and see what being part of a fire department is all about.

If you live outside the Protection area of the Black River Fire Department, the Board of Directors will review all applicants on a case by case basis. Acceptance will be based on the current needs of the department.

If you are under the age of 18, you may submit your application 30 days prior to your 18th birthday.

An interview is a required portion of your application. We will contact you to schedule a time, failure to show for your schedule interview without notice may cause you application to be rejected.

Application for Membership

Black River Fire Department, Inc.

Black River, New York

DATA REQUIRED BY PRIVACY ACT OF 1974 & NY STATE FIRE SERVICE LAWS 1999

AUTHORITY: Black River Fire Department, Inc. constitution and by-laws.

PRINCIPAL PURPOSE: to secure sufficient information to make inquires into potential membership of the applicant named below.

ROUTINE USES: information is used for official purposes within the Black River Fire Department to respond to request for membership and to determine the acceptability of the applicant.

DISCLOSURE: Providing social security number and other personal information is voluntary. However, failure to provide complete information may hinder proper clearance of the applicant and successful acceptance for membership.

ARSON CONVICTION BACKGROUND CHECK: Under chapter 423 Law of 1999, any person who applies for membership in a fire department is required to authorize the submission of his or her name and other identifying information to the NY State Division of Criminal Justice Services, which is required to search its files to determine if the applicant has been convicted of arson

DRIVER'S LICENSE/CRIMINAL BACKGROUND CHECK: A background check is a prerequisite to membership approval, and license check to operate department owned vehicles. All applications will be forwarded to the Black River Village Board of Trustees for approval.

Last Name: _____ Frist Name: _____ MI: _____

Sex: _____ DOB: _____ SSN: _____ Contact Number: _____

Current Address: _____

Previous Address: _____

Are you a legal resident of the United States? Yes _____ No _____

Are you in sound physical and mental health? Yes _____ No _____

Have you ever been treated for drug or alcohol use? Yes _____ No _____

Have you ever been convicted of a Felony or Misdemeanor? Yes _____ No _____

If so, please list convictions: _____

Do you have a State issued driver's license? Yes _____ No _____

State of issue: _____ License Number: _____ Expiration: _____

Have you served in the US Armed Forces? Yes _____ No _____

Branch: _____ Type of Discharge: _____

Are you currently Employed? Yes _____ No _____

Employer Name: _____ Contact Number: _____

Employer Address: _____

References: Please list three, including name, address, position, and contact number. Do not list relatives.

1. _____
2. _____
3. _____

Do you have prior Fire Service experience? Yes _____ No _____

Location and Department name: _____

Fire Service Qualifications: Please note that NY State only accepts NYS, ProBoard and IFSAC Certifications. Non-NY State issued Certifications, may be submitted to NY State to request reciprocity.

Remarks: _____

I certify that all information provided by me on this form is true and accurate to the best of my knowledge, and if any part is found to be untrue, I understand that I may be refused membership or expelled. If accepted, I agree to abide by the By-Laws of this organization. I acknowledge that I must attend and successfully complete the NY State Basic Firefighter Exterior operations class within two years of membership. A physical is required for membership.

By signing this application, I give my permission for the Black River Fire Department, Inc. the right to request a driver's license check, Arson Investigation and a Criminal Background check form the State of New York.

Applications Signature: _____ Date: _____

Secretary's Signature: _____ Date: _____

Arson Check: Sent _____ Received: _____	Criminal Background: Sent _____ Received _____
Village Board Approval: Sent _____ Received _____	Interview Date: _____
Department Board Approval: Y / N Date _____	Membership Approval: Y / N Date _____