



## ***WEST SENECA FIRE DISTRICT #4***

***100 LEIN ROAD***

***WEST SENECA, NEW YORK 14224***

***PH: 716-674-5107      FAX: 716-674-8693***

***EMAIL: WSDIST4@ROADRUNNER.COM***

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### **PLEASE READ**

**All new membership in the East Seneca Volunteer Fire Company is subject to a voluntary Local, State, and Federal background investigation and a mandatory arson background check as required by West Seneca Fire District #4 board of fire commissioners and the state of New York.**

**All new applicants who voluntarily submit to the required local, state, and federal background investigation shall have it conducted by West Seneca Police Department. The arson background check will be completed by the fire Chief.**

**Applicants who fail any part of the background check shall not be considered for membership in the East Seneca Volunteer Fire Company.**

**Only upon a favorable investigation and background check shall the applicant be eligible for membership into the East Seneca Volunteer Fire Company. Once the investigation is complete look for further direction from the West Seneca Fire District #4 board of fire Commissioners.**



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### Application for Volunteer Firefighter

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Qualified applicants are considered without regard to race, color, creed, sex, national origin, age, or marital status

Date of Application \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you previously filed an application with this organization?  Yes  No

Have you any previous firefighting experience?  Yes  No

If yes explain

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Are you a citizen of the United States?  Yes  No

If not, do you possess an Alien Registration Card?  Yes  No

Do you have and friends or relatives who are presently members

Of this organization?  Yes  No

If yes, list below

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Have you ever been convicted of a misdemeanor or felony?  Yes  No

Have you ever been convicted of an arson-related crime?  Yes  No

Are you a veteran of the United States Military service?  Yes  No

Do you have any physical, mental or medical impairment that

Would limit your job performance?  Yes  No

If necessary, please explain

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**Meetings are the 2<sup>ND</sup> Tuesday of every month starting at 7:00 pm**



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Are you presently a member of any other civic organization?  Yes  No  
If Yes, please list \_\_\_\_\_

Please give name, address, and phone numbers for three (3) references, not related to you

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### **Education**

Highest grade completed \_\_\_\_\_  
Specialized training, skills \_\_\_\_\_

### **Employment**

List all places of employment for the past three (3) years, starting with your most current

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

### **Driver Information**

State license issued \_\_\_\_\_ Vehicle registration issued \_\_\_\_\_

Driver License # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

**Availability for Membership**  Day Time  Swing Shift  Afternoon  Nights

Are you able to attend drills on Mondays morning at 9am or evening at 7pm?

Yes  No

If no please Explain \_\_\_\_\_

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**Consent for Disclosure**

I, \_\_\_\_\_ give the investigating officers of West Seneca fire District #4 and East Seneca Volunteer Fire Company my consent to make inquiries of my employers, neighbors, police agencies and insurance carrier while conducting an investigation of my character, past records, and responsibility.

Signature of Applicant (18 years or older) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (if 17 years old) \_\_\_\_\_ Date \_\_\_\_\_

**Comments of Investigating District Officer:**

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

Accept     Reject    Date \_\_\_\_\_

**Company Steering Committee**

\_\_\_\_\_  
Company Representative      Truck Room Representative      Board of Director

Date of Meeting \_\_\_\_\_

Recommendation to the Company \_\_\_\_\_  Favorable     Not Favorable

If not found favorable explain: \_\_\_\_\_

**Date Sworn in by Company:** \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Presidents Signature

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