



# East Amherst Fire Department

9100 Transit Road  
East Amherst, NY 14051

Phone: (716)688-2121  
Fax: (716)688-1950

## APPLICATION FOR MEMBERSHIP

### APPLICANT INFORMATION

PLEASE PRINT ALL ANSWERS

Name _____
Street Address _____
City, State ZIP _____
Are you over the age of eighteen?    Yes    No    If not, state your age. _____
Home Phone _____    Cell Phone _____
E-mail _____

### DRIVER'S LICENSE INFORMATION

Do you possess a valid New York State driver's license?    Yes    No    DOB: _____
State _____    Class _____    ID Number _____
Upon attaining membership in the East Amherst Fire Department, I do hereby authorize the East Amherst Fire Department to secure one or more motor vehicle drivers report by the New York State LENS program or otherwise. I understand that these reports will be obtained through the use of my driver's license identification number.
Applicant's Signature _____

### EMPLOYMENT/EDUCATION

Are you currently employed?    Yes    No
Employer _____    Position _____
Street Address _____    City, State ZIP _____
Phone _____
Are you currently a student?    Yes    No
School _____
Street Address _____    City, State ZIP _____
Phone _____

EXPERIENCE OR RELATED EDUCATION

PLEASE PRINT ALL ANSWERS

Have you previously been a firefighter?      Yes      No

Organization's Name \_\_\_\_\_

How long? \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Contact Name and Position \_\_\_\_\_

Are you currently EMS Certified?      Yes      No

Level of Certification      AED      CFD      EMT-B/D      AEMT-I      PARAMEDIC

Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have any certified fire training courses?      Yes      No

Course Name 1 \_\_\_\_\_

Course Name 2 \_\_\_\_\_

Course Name 3 \_\_\_\_\_

Other emergency services courses:

Course Name 1 \_\_\_\_\_

Course Name 2 \_\_\_\_\_

Course Name 3 \_\_\_\_\_

Other related training:

Course Name 1 \_\_\_\_\_

Course Name 2 \_\_\_\_\_

Course Name 3 \_\_\_\_\_

I \_\_\_\_\_, desiring to become an active member of the EAST AMHERST FIRE DEPARTMENT, hereby present my name as a candidate, agreeing at the same time, that if elected to membership, I shall faithfully serve the company to the best of my ability, by abiding the Constitution and By-Laws of the EAST AMHERST FIRE DEPARTMENT, and by carrying out lawful orders of its officers.

As part of this application process, I agree to submit the attached APPLICATION RELEASE FORM to the EAST AMHERST FIRE DEPARTMENT and to allow the information obtained from the background check to be reviewed by the Board and/or the Board of Review of the EAST AMHERST FIRE DEPARTMENT. I also agree that upon being elected a member of the EAST AMHERST FIRE DEPARTMENT, I will submit to a physical as directed by its authorized Officers, said physical including a drug test, and my membership is contingent upon the passing of the physical.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### CRIMINAL HISTORY

Have you ever been convicted of a crime?      Yes      No

Have you ever committed the crime of arson?      Yes      No

If yes to either question:

Year of Conviction(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

Offense(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

Jurisdiction/Court(s)

1. \_\_\_\_\_

2. \_\_\_\_\_



TO COMPLETED BY FIRE DEPARTMENT REPRESENTATIVE

Date application received \_\_\_\_\_

Member accepting application \_\_\_\_\_

Application forwarded to:      President      Chief      Date: \_\_\_\_\_

Is the applicant being sponsored by a current member?      Yes      NO

Name of firefighter \_\_\_\_\_

Notes:

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Application reviewed?              Yes      No

Police background performed?      Yes      No

Applicant interviewed?              Yes      No

References interviewed?              Yes      No

Comments:

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After a review of the application and the findings of all background investigations, an interview of the applicant and any references, it is the recommendation of the BOARD/BOARD OF REVIEW of the East Amherst Fire Department that the applicant be

RECOMMENDED / NOT RECOMMENDED

for membership of the East Amherst Fire Department.

Secretary's Signature \_\_\_\_\_ Date \_\_\_\_\_