

CORFU RESCUE HOOK & LADDER CO. NO. 1

116 E. Main Street Corfu NY 14036

MEMBERSHIP APPLICATION

Date _____

Please Print

1. Name _____
 2. Address _____
 3. Telephone _____ Work Telephone _____
 4. How long have you resided at the above address? Years _____ Months _____
 5. How long have you resided in New York State? Years _____ Months _____
 6. Are you 18 years of age or older? Yes ___ No ___ If "No" state your age _____
 7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership?
Yes ___ No ___ If "Yes", explain,

 8. Are you currently employed? Yes ___ No ___ If "Yes" give employer information below. May we contact your employer as a reference? Yes ___ No ___
Name of Company _____
Address _____ Telephone _____
 9. Do you have a valid New York State Drivers License? Yes ___ No ___
 10. Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls). Please check appropriate time periods.
Weekdays - Days _____ Evenings _____ Nights _____
Weekends - Days _____ Evenings _____ Nights _____
 11. Previous emergency services experience: (include only fire, rescue, police, and emergency service agencies).
Name of Agency _____ Address _____
Contact Person _____ Telephone _____

- (If more space is needed, please identify on another sheet and attach to application)
12. Have you ever been a member of the United States Armed Forces? Yes ___ No ___
If the answer is "Yes", did you receive a dishonorable discharge? Yes ___ No ___
Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision. If the above answer is "Yes", give complete details on another sheet and attach to application. (Include service branch and service dates)

(over)

13. Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes ___ No ___ If "Yes" give details on another sheet and attach to application.

14. Please list three personal references, other than members of this organization, who have known you for at least 3 years.

Name _____ Telephone _____
Address _____
Name _____ Telephone _____
Address _____
Name _____ Telephone _____
Address _____

15. Please list the names of any acquaintances that are members of the Corfu Rescue Hook & Ladder Co. No. 1 _____

16. What membership status are you applying for? _____

Choose one (Active, Active EMT, Active Fire Police, Active with restriction -(ages 16 - 18), Houseman, Social status)

For Active, Active EMT, Active Fire Police status, the Corfu Fire District requires that you pass a physical examination before becoming a member of the Corfu Rescue Hook & Ladder Co. No. 1. The District's designated physician will provide you with a free medical examination.

Will you be willing to undergo a medical examination? Yes ___ No ___

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING

In witness whereof, this application has been subscribed this date _____ by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

Applicant signature _____ Date _____

Active with restriction's parent or guardian signature required _____

Witnessed by _____ Date _____

PRIVACY NOTIFICATION

Section 94 of the public Officers Law (Personal Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you. The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

- Be used to determine your qualifications for the position for which you are applying;
 - Be released to the Fire Chief and your potential supervisors; and
 - Be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you are not a fire company member).
- Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by the Fire Chief of the Corfu Rescue Hook & Ladder Co. No. 1, 116 E. Main Street Corfu New York 14036. Telephone 585-599-3618.

**GENESEE COUNTY VOLUNTEER FIREFIGHTER
ARSON BACKGROUND REQUEST FORM**

DATE:

REQUEST FOR: CRIMINAL RECORD OTHER			REQUESTING AGENCY NAME & ADDRESS			REASON FOR REQUEST & CASE NUMBER		
NYSID #		NAME (Last, First, Middle)				ADDRESS (Last Known)		
NICKNAME		ALIAS and/or MAIDEN NAME			SEX M F		RACE White Black Am.Indian Other	
SKIN TONE Light Med. Dar		HEIGHT Ft. In.		DATE OF BIRTH Mo Day Yr.		AGE		PLACE OF BIRTH
AGENCY ORI		SOCIAL SECURITY NUMER				FBI NUMBER		
NAME OF REQUESTING OFFICER				TITLE		SIGNATURE		

REQUESTED RESPONSE

DATE:

OCCUMED - Airport Phone 204-0798 Medical Services Request

Employee/Assignment Name: _____ Company: _____ Date: / /

STAT call results to: _____ at: () _____

Alternate Contact: _____ PH #1 () _____ FAX# () _____

Your Appointment is on: _____ at: _____ am / pm

- Pre-employ exam
- DOT drug test
- DOT exam
- Firefighter exam:
- Respirator exam (basic)
- Hazmat exam (basic)
- Asbestos exam:
- Fit test:
- Mask type: Scott MSA 3M North
- Model: Ovista AV2000 Ultra-vue Ultra-elite
- Size: S S/M M/M M/L M L XL Gas size
- Audiogram EKG Hep B vaccine-Dose#: _____ OPPD Tetanus Hemocult

- Company specific exam forms
- Use OCCUMED exam forms
- Non DOT drug test
- Alcohol test-DOT
- Alcohol test-Non DOT
- Pre-hire
- Random
- For cause
- Post accident
- Follow-up
- Return-to-duty
- IDA exam
- Initial
- Recert
- Issue card to employee
- Mail card
- SCDA user
- Non-SCDA user
- Hazmat exam
- Rescue diver
- Chest x-ray
- 1 view
- 2 view
- B-reader
- Chest x-ray
- 1 view
- 2 view
- B-reader
- Lead/ZPP
- Heavy metals
- Baseline
- Annual
- Chest x-ray:
- 2 view
- Qualitative(smoke)
- Quantitative by PortaCount (We do qualitative as default)

INJURY CASE:

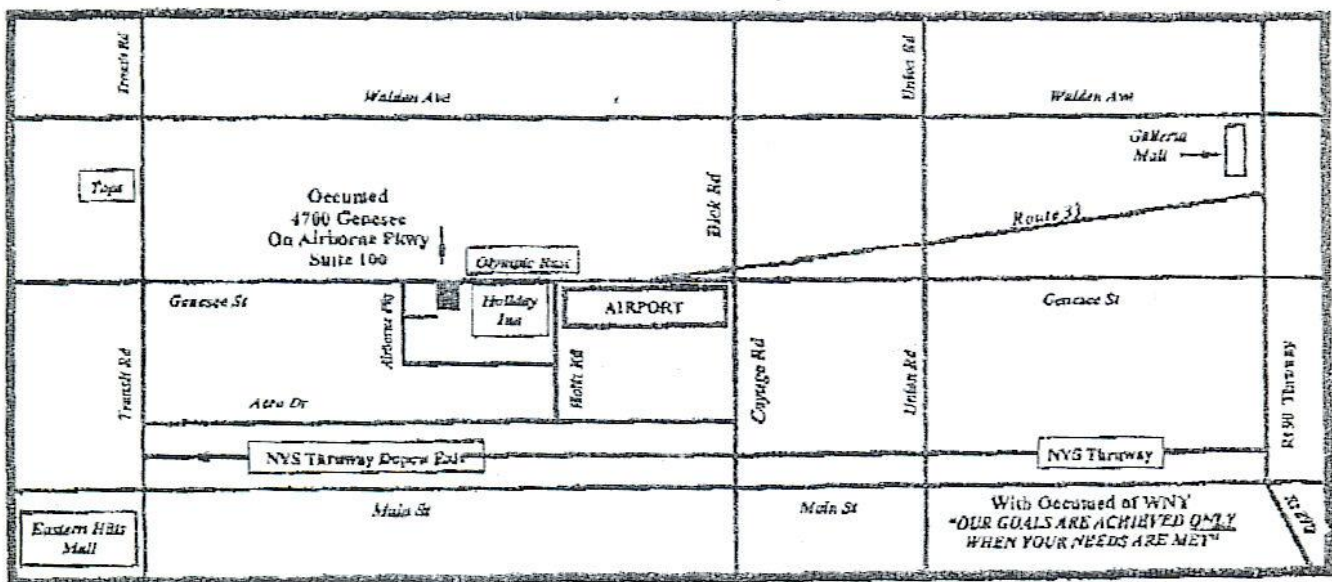
Remember you must call ahead for phone triage and preparation! 204-0798

****If your employee has chest pain, severe bleeding, loss of consciousness, known fracture or any other life threatening injury or illness - Dial 911 and get them to the Emergency Room.**

Nature of Injury (Brief Description): _____

OCCUMED Location

Take Airborne Parkway directly off Genesee Street between the AIRPORT and TRANSIT Road. Coming off the NYS Thruway - Go RIGHT onto Transit and RIGHT onto Genesee - We are on the RIGHT. We are in Suite 100 closest to Genesee Street - Call us if you need more info! 204-0798



With OCCUMED of WNY "OUR GOALS ARE ACHIEVED ONLY WHEN YOUR NEEDS ARE MET"