

# Application For Membership

## Adams Fire Department

### Adams, NY 13605

With completion and signature of this application, you respectfully make application to the Adams Fire Department, Adams, NY 13605. By signing the application you are stating that all answers are true and to the best of your knowledge. If you willfully answer any question untruthfully, you may face immediate dismissal from the Adams Fire Department. If accepted as a member, you agree to follow all rule and regulations set forth by the by-laws, Village of Adams, and state regulations

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home  
Address \_\_\_\_\_  
Street Address City State Zip Code

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a citizen of the United States, or possess documentation proving legal residency in the United States? **YES** **NO**

Employer Name: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Address City State Zip Code

Employers Phone Number: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Days Nights Both

Do you have a valid Drivers License: **Yes** **No** If Yes: \_\_\_\_\_  
State ID Number

Do you own or lease a motor vehicle: **Yes** **No** Plate Number: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Have you ever been convicted of arson or fire related onviction: \_\_\_\_\_

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Have you ever belonged to a fire department or ambulance service? **Yes** **No**

If yes, please give department, chief, and dates: \_\_\_\_\_

\_\_\_\_\_  
Please list any state certifications, fire related courses you have taken with dates of completion:

\_\_\_\_\_  
Medical Conditions/Allergies:

\_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Name Phone Numbers

\_\_\_\_\_  
I, the undersigned, understand this application will be tabled for 30 days pending a meeting with the executive committee. I understand the executive committee will conduct a motor vehicle check, driver license check, and a criminal background check for fire related convictions. I understand that if my membership is approved by the members of the Adams Fire Department, I will be placed on probationary status for a period of one year, and may be extended by the executive committee at the end of the first year if deemed necessary. I have received the recommendation of a current member in good standing with the Adams Fire Department. If the application is approved, it must be approved by the Village of Adams Board. I have completed this application to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval**

Executive Committee: YES NO Date: \_\_\_\_\_ Chief: \_\_\_\_\_

Membership: YES NO Date: \_\_\_\_\_ Chief: \_\_\_\_\_

Village Board: YES NO Date: \_\_\_\_\_ Chief: \_\_\_\_\_