

Otto Volunteer Fire Company, Inc.

Application for Membership

Name: _____

Home Phone: _____ Mobile Phone: _____

Street: _____

City: _____ State: _____ Zip Code: _____

How long at above address?: _____ Diver License Number, State and Class: _____

Marital Status: _____ If married, spouse's name: _____

Male or Female: _____ Age: _____ Date of Birth: _____

EDUCATION

High School: _____ Date Graduated: _____

Address: _____

College or Trade School: _____ Date Graduated: _____

Address: _____

Degrees Obtained: _____

EMPLOYMENT

Present Employer: _____ Telephone: _____

Address: _____

Regular Working Hours: _____ Length of Employment: _____

Allowed to leave work for fire department calls?: _____

List other employers in the last three years:

Employer

Address

Dates Worked

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HEALTH – (Upon membership approval, a physical exam will be required. No expense to you)

Height: _____ Weight: _____ Do you have any physical or mental conditions, which may hinder your activities as a firefighter? If so, What?: _____

Do you have any known allergies?: _____

Blood Type: _____

REFERENCES

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL

Have you ever been convicted of a crime or are now under charges for any crime? (This does not include simple traffic violations)if so, list them here with approximate dates:

(An Arson background check is **REQUIRED** under New York State Law. Arson convictions are an immediate bar to membership.)

Have you ever belonged to a fire company before? : _____

If so, where and when? : _____

List any special qualifications or skills that may be relevant to fire department duties: (i.e. CDL, CPR/EMT, etc.)

I hereby certify that the above information is complete and correct to the best of my knowledge. False information given on this application will result in denial of application or termination of membership.

Signature of Applicant

Date

Signature of Secretary

Date Received