



Lincoln Volunteer Fire Department

719 Plank Road | Ontario, New York 14519 | www.lincolnfd.org

New Applicant

Transfer

Personal Information

(Please Print)

Last Name First Name (M.I.) Suffix

The Lincoln Volunteer Fire Department requires that all applicants be at least 18 years of age.

Are you at least 18 years of age? Yes ___ No ___

___ / ___ / ___
Date of Birth

___ - ___ - ___
Social Security Number

Street Address City State Zip

Mailing Address (if different from above) City State Zip

How long have you resided at your current address? _____ Are you a U.S. citizen? Yes ___ No ___

Daytime Telephone Number Evening Telephone Number Cell Phone Number

Email Address

Do you have a valid New York State Drivers License? Yes ___ No ___

If Yes, please provide: License Number _____ License Class _____ Expiration Date _____

Arson Conviction

In accordance with NYS Law, an arson conviction will immediately exclude your application for active membership.

Have you ever been convicted of the crime of Arson (in any degree)? Yes ___ No ___

Note: NYS Law requires an arson background check for all applicants applying for active membership

Criminal Conviction

Have you ever been convicted of a felony or of any crime (including Military)? Yes ___ No ___

If Yes, please give the dates and disposition.

Note: The Lincoln Volunteer Fire Department may conduct a criminal background check on applicants.

Does the Lincoln Volunteer Fire Department have your permission to perform a criminal background check? Yes ___ No ___

Employment Information

Are you currently employed? Yes _____ No _____

If No and are currently a student please provide name of school: _____

If Yes, please complete the information below.

Current Employer _____ Supervisor's Name _____

Employer Street Address _____ City _____ State _____ Zip _____

Occupation _____

_____ May we contact your employer as a reference? Yes _____ No _____

Employer's Telephone Number _____

Military Service Record

Were you in U.S. Armed Forces? Yes _____ No _____

_____ Rank at Discharge _____

If YES, what Branch? _____ Type of Discharge _____

Dates of duty: From ____ / ____ / ____ To ____ / ____ / ____

List duties in the service, including special training _____

Physical Information

Note: A physical disability does not disqualify you for service. However, you must be able to pass a modified NFPA 1582 Physical, in order to be classified as an Interior Firefighter.

Height _____ (feet ' and inches " i.e. 6'2")

Weight _____ Please indicate the name of your Personal Physician _____

Describe your general physical status: Excellent _____ Good _____ Fair _____ Poor _____

Please list any physical limitations you feel we should be aware of (if any)

Are there any disabilities we should be aware of? (if any)

Firefighting Experience

Have you ever been a member of another Fire Department? Yes _____ No _____

If Yes, please provide:

Fire Department _____ Dates of Service _____

Please list any previous Firefighting Experience or Training (include educational background in Fire Science, Fire Police, Radio Operator, Membership in other Fire Departments and/or Fire related youth group affiliations, i.e. Fire Exploring). **No previous experience or training is necessary for acceptance.**

Training _____ Dates _____

Training _____ Dates _____

Training _____ Dates _____

Training _____ Dates _____

Training _____ Dates _____

Please list any additional training or expertise that may be beneficial for the Lincoln Volunteer Fire Department to be aware of (if necessary attach a separate sheet).

Personal References

Please list three personal references other than relatives. If possible, list the name(s) of any acquaintance(s) that are or have been members of the Lincoln Fire Department.

Name _____ Address _____ Telephone Number _____

Name _____ Address _____ Telephone Number _____

Name _____ Address _____ Telephone Number _____

Member Acquaintance(s) _____

Signature

An application fee of \$8 must accompany this application. \$5 will be used towards the initiation fee and the remaining \$3 will be used towards annual dues. If this application is denied, the entire \$8 will be refunded.

Signature _____

Date _____

My signature indicates that I have answered all questions truthfully, and to the best of my knowledge. **Falsification of your application is grounds for denial of, or removal from, membership.**

All information contained or obtained within this application will remain confidential and will be used only for internal membership processing.

DEPARTMENT USE ONLY

Application Fee (\$8): Cash _____ Check # _____

Application received: Date: _____ Time: _____

Application received by: _____

Date application was reviewed at monthly Business Meeting: _____

Applicant accepted for further approval: Yes _____ No _____

Arson background check: Date: _____ Pass _____ Fail _____

Criminal background check performed: Yes _____ No _____ Date: _____

If yes, _____

Applicant Approved for Membership: Yes _____ No _____ Date: _____

APPROVED MEMBER INFORMATION

EQUIPMENT ISSUED

Pager: Type: _____ Number: _____

Serial Number: _____

Key: Yes _____ No _____ Date: _____

Turn-Out Gear: Helmet _____ Hood _____ Coat _____ Pants _____ Boots _____

Fire Gloves _____ Extrication Gloves _____

CELL PHONE TEXT MESSAGING

Cell Phone Carrier _____ Cell Phone Number _____

EMERGENCY CONTACT INFORMATION

| Name | Phone Numbers | Relationship |
|----------|---------------|--------------|
| 1. _____ | _____ | _____ |
| | _____ | |

| | | |
|----------|-------|-------|
| 2. _____ | _____ | _____ |
| | _____ | |