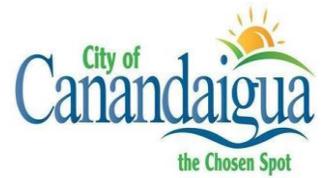




CITY OF CANANDAIGUA FIRE DEPARTMENT



Fire Chief Frank Magnera
335 South Main Street
Canandaigua, NY 14424-2118
Phone: (585) 396-5052 Fax: (585) 394-2706

APPLICATION FOR VOLUNTEER MEMBERSHIP

PLEASE PRINT IN BLUE OR BLACK INK ALL INFORMATION REQUESTED ON THIS APPLICATION. ANSWER ALL QUESTIONS FULLY AND CAREFULLY, ATTACHING ADDITIONAL SHEETS IF NECESSARY. ALL STATEMENTS ARE SUBJECT TO BACKGROUND VERIFICATION.

PERSONAL SUMMARY

NAME AND ADDRESS

LAST FIRST MI

STREET ADDRESS

ARE YOU AT LEAST 18 YEARS OLD? _____
(Yes/No)

CITY STATE ZIP

DO YOU HAVE A VALID DRIVER'S LICENSE? _____
(Yes/No)

()
TELEPHONE NUMBER

IF YES: _____
LICENSE NUMBER STATE EXP. DATE

CAN YOU COMMIT TO A MINIMUM OF THREE YEARS OF SERVICE TO THE CANANDAIGUA FIRE DEPARTMENT (*First six months as a probationary member?*)

_____ IF NO, EXPLAIN ANY PERTINENT FACTORS HERE:

OCCUPATION: _____

NAME OF EMPLOYER: _____

ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN, A MEMBER OF ANOTHER EMERGENCY SERVICE ORGANIZATION?

_____ (Yes/No)

PLEASE INDICATE THE TYPE OF SERVICE YOU WISH TO PROVIDE TO THE CANANDAIGUA FIRE DEPARTMENT:

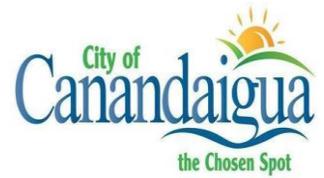
_____ INTERIOR STRUCTURAL FIREFIGHTER

_____ EXTERIOR SUPPORT FIREFIGHTER

_____ FIRE POLICE (MUST TAKE OR HAVE EXTERIOR SUPPORT FIREFIGHTER TRAINING)



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RESIDENCE HISTORY

HOW LONG HAVE YOU RESIDED IN THE CANANDAIGUA AREA? _____

IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS FOR LESS THAN ONE YEAR, PLEASE LIST BELOW YOUR PREVIOUS RESIDENCE(S) DURING THAT YEAR:

STREET ADDRESS: _____ FROM WHEN TO WHEN? _____
CITY STATE ZIP (Mo/Yr-Mo/Yr)

STREET ADDRESS: _____ FROM WHEN TO WHEN? _____
CITY STATE ZIP (Mo/Yr-Mo/Yr)

EMPLOYMENT HISTORY

BEGINNING WITH THE MOST RECENT, PLEASE LIST BELOW ALL EMPLOYERS WITHIN THE PAST TWO YEARS:

EMPLOYER _____ STREET ADDRESS _____

SUPERVISOR _____ CITY/STATE/ZIP _____

TELEPHONE NUMBER _____ YOUR POSITION _____

EMPLOYER _____ STREET ADDRESS _____

SUPERVISOR _____ CITY/STATE/ZIP _____

TELEPHONE NUMBER _____ YOUR POSITION _____

EMPLOYER _____ STREET ADDRESS _____

SUPERVISOR _____ CITY/STATE/ZIP _____

TELEPHONE NUMBER _____ YOUR POSITION _____

EDUCATION

PLEASE LIST THE SCHOOLS AND COLLEGES YOU HAVE ATTENDED:

HIGH SCHOOL _____
SCHOOL CITY STATE YEAR OF GRADUATION

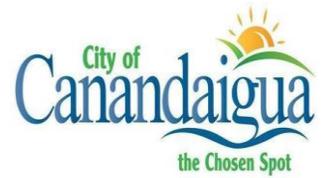
COLLEGES/TECHNICAL SCHOOLS

SCHOOL CITY STATE YEAR GRADUATED DEGREE

SCHOOL CITY STATE YEAR GRADUATED DEGR



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EMERGENCY SERVICES RECORD

PLEASE LIST ALL CURRENT AND PAST EMERGENCY SERVICES AFFILIATIONS. CONTINUE ON SEPARATE SHEET TO FULLY ACCOUNT FOR ALL SERVICES.

DEPARTMENT _____ YOUR POSITION _____

CITY _____ STATE _____ TELEPHONE NUMBER _____

CHIEF OFFICER (REQUIRED) _____ LENGTH OF SERVICE _____
FROM/TO

CURRENTLY A MEMBER? _____

DEPARTMENT _____ YOUR POSITION _____

CITY _____ STATE _____ TELEPHONE NUMBER _____

CHIEF OFFICER (REQUIRED) _____ LENGTH OF SERVICE _____
FROM/TO

CURRENTLY A MEMBER? _____

DEPARTMENT _____ YOUR POSITION _____

CITY _____ STATE _____ TELEPHONE NUMBER _____

CHIEF OFFICER (REQUIRED) _____ LENGTH OF SERVICE _____
FROM/TO

CURRENTLY A MEMBER? _____

TRAINING

PLEASE PROVIDE CERTIFICATION COPIES OF ALL TRAINING COURSES IN EMERGENCY SERVICE ORGANIZATIONS THAT YOU HAVE COMPLETED, THE DATES COMPLETED AND THE LOCATIONS THE COURSES WERE TAKEN.

EMERGENCY CONTACT

PLEASE LIST PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

NAME/RELATIONSHIP _____

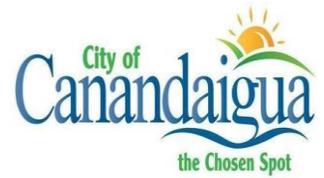
ADDRESS _____

CITY/STATE _____

TELEPHONE NUMBER (____) _____ (____) _____



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PLEASE RESPOND TO EACH OF THE FOLLOWING QUESTIONS

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (Felony and/or Misdemeanor)? _____
Yes/No

HAVE YOU EVER BEEN CONVICTED OF ARSON? _____
Yes/No

ARE YOU NOW UNDER CHARGES FOR ANY CRIME? _____
Yes/No

HAVE YOU EVER BEEN DISMISSED FROM ANY PUBLIC OR EMERGENCY RELATED SERVICE, OTHER THAN FOR LACK OF WORK OR LACK OF FUNDS? _____

Yes/No

HAVE YOU EVER RESIGNED FROM ANY PUBLIC OR EMERGENCY RELATED SERVICE RATHER THAN FACE DISMISSAL? _____

Yes/No

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN THIS SECTION, PLEASE PROVIDE SPECIFICS ON A SEPARATE PAGE.
YOU MUST ALSO COMPLETE AND SIGN THE ATTACHED NYS DCJS -VFF FORM, FOR THE CRIMINAL BACKGROUND CHECK.

CERTIFICATION AND AUTHORIZATION

I HEREBY MAKE APPLICATION FOR VOLUNTEER MEMBERSHIP IN THE CITY OF CANANDAIGUA FIRE DEPARTMENT. IF ACCEPTED, I AGREE TO OBEY THE RULES AND REGULATIONS OF THE CANANDAIGUA FIRE DEPARTMENT AND TO COMPLETE MANDATORY BASIC TRAINING AND A MINIMUM SIX MONTH PROBATIONARY PERIOD. I UNDERSTAND THAT I MAY BE DISMISSED AT ANY TIME DURING THIS PROBATIONARY PERIOD AT THE DEPARTMENT'S DISCRETION.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM AND ON ALL OTHER APPLICATION MATERIALS SUBMITTED IS TRUE TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE THE CANANDAIGUA FIRE DEPARTMENT TO CONTACT THE INDIVIDUALS, ORGANIZATIONS AND EMPLOYERS LISTED TO HELP ASSESS MY SUITABILITY FOR VOLUNTEER MEMBERSHIP.

I UNDERSTAND THAT OFFERING A FALSE DOCUMENT FOR FILING IS A VIOLATION OF NEW YORK STATE PENAL LAW, AND THAT DISCOVERY OF FALSIFIED INFORMATION WILL BE CAUSE FOR DENIAL OF THIS APPLICATION OR TERMINATION OF MY MEMBERSHIP.

SIGNATURE

DATE

UPDATE 6/2018



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

Frank Magnera

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M F

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

6. ETHNICITY

Hispanic Not Hispanic Unknown

7. HEIGHT
 Ft. In.

8. DATE OF BIRTH
 Month Day Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER