

ST. PAUL BLVD. FIRE ASSOCIATION, INC.

433 Cooper Road

ROCHESTER NEW YORK 14617



**APPLICATION FOR ST. PAUL BLVD. VOLUNTEER FIREFIGHTER**

Qualified applicants are considered without regard to race, color, creed, sex, national origin, age, marital or veteran status.

(Please Print)

Date of Application \_\_\_/\_\_\_/\_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_ ZIP Code \_\_\_\_\_

Previous Address \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Have you previously filed an application with this organization? ( )Yes ( )No

Have you any previous firefighting experience? ( )Yes ( )No

Are you a citizen of the United States? ( )Yes ( )No

If not, do you possess an Alien Registration Card? ( )Yes ( )No

Do you have any friends or relatives who are presently members of this organization? ( )Yes ( )No

If yes, list name(s) \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? ( )Yes ( )No

Have you ever been convicted of an arson-related crime? ( )Yes ( )No

Are you a veteran of the United States Military Service? ( )Yes ( )No

Do you have any physical, mental or medical impairment or disability that would limit your ability to be a volunteer firefighter? ( )Yes ( )No ( )Maybe

If necessary, please explain \_\_\_\_\_

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Are you presently a member of any other civic organization? ( ) Yes ( ) No

If yes, please list \_\_\_\_\_

Please give name, address and telephone number for two references not related to you.

1) \_\_\_\_\_

2) \_\_\_\_\_

Education Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Specialized training, skills \_\_\_\_\_

Your current employer.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Driver License Number \_\_\_\_\_ (Copy needed for reference)

Availability for Membership ( ) Day Worker ( ) Trick Worker

Are you able to attend evening meetings and drills? ( ) Yes ( ) No

If no, please explain \_\_\_\_\_

Consent for Disclosure

I, \_\_\_\_\_ give the investigating Officer of the St. Paul Blvd. Fire Association my consent to make inquiries of my employers, neighbors, police agencies and insurance carrier while conducting an investigation of my character, past record and responsibly

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Comments of Investigating Officer:

( ) ACCEPT ( ) REJECT

Interviews are conducted on the 4<sup>th</sup> Tuesdays of each month.

You will be contacted by our membership chairperson to confirm your attendance at the interview meeting.

Please seal your application in the attached envelope and return the envelope to our Cooper Road firehouse within 7 days after picking up the application.

**Thank you for interest in joining the St. Paul Boulevard fire Association!**