



# Jamesville Volunteer Fire Department

6486 East Seneca Turnpike  
Post Office box 516  
Jamesville, NY 13078-0516

## Personal Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_, NY Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Interest (Check One)  Fire  EMS  Both

Blood Type: \_\_\_\_\_ - Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Marital Status (Check One)  Married  Single  Divorced  Separated

Do you have a valid NYS Driver's License?  Yes  No

License Number: \_\_\_\_\_

## Employment (*List most recent first*)

Company and Supervisor	Address	Phone	Position	Dates of Employment

## Character References (*Please list three*)

Name	Address	Phone

## Related Experience

Have you ever been a member of another department?  Yes  No

Where? \_\_\_\_\_ How Long \_\_\_\_\_

Reason For Leaving? \_\_\_\_\_

List all related courses you have taken (EF, IFA, EMT, etc.)

_____	Date ____/____/____
_____	Date ____/____/____
_____	Date ____/____/____
_____	Date ____/____/____
_____	Date ____/____/____

List additional courses, if any, on back of application

**Education**

School	Address	Major	Date of Degree

**Medical**

Do you have any present medical problems?	___Yes	___No
Are you presently under a doctor's care?	___Yes	___No
Do you have any physical disabilities or restrictions?	___Yes	___No
Do you have allergies?	___Yes	___No
Are you allergic to any medications?	___Yes	___No
If you have answered yes to any of the above questions, please explain below.		
_____		
_____		
_____		
Are you willing to have a physical examination?	___Yes	___No

**Participation**

Are you available for Monday night meetings and drills?	___Yes	___No
Will you participate in fund raisers?	___Yes	___No
Are you out of town for extended periods of time?	___Yes	___No
If yes, please explain. _____		
Why do you wish to join the Jamesville Volunteer Fire Department? _____		
_____		
_____		

**In Case of Emergency Notify**

Name: _____
Address: _____
City: _____, NY Zip: _____
Phone: _____ Relationship: _____

We appreciate your application for membership. The information you have supplied on this application and during your fire department Executive Committee Interview may be subject to inquiry and will be subject to a vote of approval by the department membership and the Jamesville Fire District Board of Commissioners.



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I certify that, pursuant to section 837-0 of the Executive Law, I have completed form DCJS-9 and give the Jamesville Volunteer Fire Department permission to conduct and arson conviction search through the NYS Sheriff's Department. I understand that failure to complete this form or if an arson conviction is found, I will not be eligible for membership with this department as long as the conviction appears on my criminal record. I further certify that, if accepted, I will comply with the rules and by-laws of the Jamesville Volunteer Fire Department. I also understand that any omission or misrepresentation by me on this application may be cause for my rejection or expulsion.

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Recommendation (by two current JFD members):**

To the best of my knowledge, the above information is accurate, I recommend this candidate for membership in the Jamesville Volunteer Fire Department.

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Executive Committee Comments**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Fire Department Membership Vote**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Yes

\_\_\_\_ No

Comments:

### **Jamesville Fire District Board of Commissioners**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Onondaga County Sheriff's Department

407 South State Street  
Syracuse, New York 13202  
Records Section (315) 435-2353

## Criminal History Records Check

\*\*\* Not Valid Without Onondaga County Raised Seal \*\*\*

Print or Type Information AND Submit with Authorizing Party's Original Signature

I, the undersigned, hereby authorize the Onondaga County Sheriff's Department to release to **Jamesville Fire Department** any Sheriff's Department records or police records that may be associated with the Sheriff's Records, located in the central repository for such police / criminal history records, on file under the following name (s).

### Legal Name

\_\_\_\_\_ (Last Name) (First Name) (Middle Name)

Also Known as (AKA)   
Maiden Name

\_\_\_\_\_ (Last Name) (First Name) (Middle Name)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

It is understood that this search is of Sheriff and associated police records and my or may not include information from other police agencies. The authorizing party hereby agrees to indemnify and save harmless the Onondaga County Sheriff's Department, its officers and employees from and against any and all claims, demands, actions, suits and proceedings by others against all liability to others, including but not limited to any liability for damages by reason of or arising out of any cause or action whatsoever, and against any loss, cost, expense or damages resulting therefrom, arising from or involving any negligence on the part of the authorizing party in the execution of this criminal records check.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<p>Sheriff's Record Reveal ( Yes / No ) Police Record Under Name (s) Indicated</p> <p>Searched By: _____</p> <p>Date: _____</p> <p><b>Valid Only with Onondaga County Raised Seal</b></p>
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Date	Charge (s)	Agency

Notice: This form must be notarized if not present in person

\_\_\_\_\_ Notary Public