



# DOYLE FIRE DISTRICT #1

## MEMBERSHIP APPLICATION

### PLEASE SELECT COMPANY

☐ Doyle Hose Co. #1 - 2199 William Street

☐ Doyle Hose Co. #2 - 100 Willowlawn Pkwy

Please check all of the positions for which you intend to become qualified and perform:

☐ Interior

☐ EMS Only

☐ Duty Shift

☐ Junior Firefighter (13-17 years of age)

### APPLICANT INFORMATION

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

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

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

Phone No.: \_\_\_\_\_

How long have you lived at your present address? Years \_\_\_\_\_ Months \_\_\_\_\_

If less than 2 years, list prior addresses for the last two years:

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Do you intend to reside in the Fire District area for the next few years? ☐ Yes ☐ No

If no, please explain why not? (college, etc.)

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

Are you at least sixteen years of age? ☐ Yes ☐ No

Do you possess a valid N.Y.S. driver's license? ☐ Yes ☐ No

### EMPLOYMENT INFORMATION

| Name | Address | Position | Dates of Employment |
|------|---------|----------|---------------------|
|------|---------|----------|---------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

Do you have access to a vehicle to permit you to respond to the station? ☐ Yes ☐ No

### TRAINING / EDUCATION / PRIOR SERVICE

Relevant certifications, courses, trainings (include expiration dates, if any):

\_\_\_\_\_

\_\_\_\_\_

Highest grade/level of education completed: \_\_\_\_\_

Have you previously belonged to another fire department or ambulance service? ☐ Yes ☐ No

If so, provide name, address and years of service:

\_\_\_\_\_

## ELIGIBILITY & BACKGROUND

- Are you a citizen of the United States? ☐ Yes ☐ No
- If not, do you intend to become a citizen of the United States? ☐ Yes ☐ No
- If no, have you the legal right to remain permanently in the United States? ☐ Yes ☐ No
- Do you intend to remain permanently in the United States? ☐ Yes ☐ No
- Have you ever been convicted or plead to a criminal offense? ☐ Yes ☐ No

Provide offense convicted of: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

How long ago was the conviction? \_\_\_\_\_

- Has a certificate of relief from disabilities been obtained? ☐ Yes ☐ No

### Have you ever been convicted of either of the following types of offenses?

- Arson or attempted arson in any degree ☐ Yes ☐ No
- An offense requiring registration as a sex offender ☐ Yes ☐ No
- Do you have any pending arrests? ☐ Yes ☐ No
- Have you reviewed the requirements for the position which you are interested? ☐ Yes ☐ No
- Can you perform the functions of at least one of the positions in which you are interested, with or without reasonable accommodation\*? ☐ Yes ☐ No

(Please see the attached list of physical requirements)

\* The Fire Department reserves the right to determine what is reasonable.

## REFERENCES

Please provide three individuals who will share information regarding your potential service as a member of the fire department:

| Name  | Address | Phone |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |
| _____ | _____   | _____ |

## AGREEMENT FOR BACKGROUND CHECK

I, the above signed applicant, hereby consent to a criminal background check and to review of my information as may be publicly posted on social media. I understand that this information will be utilized in the review of legal grounds for consideration of membership only but could result in denial of membership for legal reasons only.

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT SIGNATURE

I hereby attest that the above answers are true to the best of my knowledge and may be relied upon in consideration of my application.

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTS APPROVAL (UNDER 18 YEARS OF AGE)

I, \_\_\_\_\_ parent or guardian of \_\_\_\_\_

an applicant for Active-Junior Membership in the Company, hereby consent to their applying for membership. Understand that membership in a fire company can have serious risks of harm, both during training and live operations. I am not aware of any reason that they would not be able to adequately and competently perform as an Active Member.

Dated: \_\_\_\_\_ Name/Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_



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:

*Shaded boxes are required data elements.*

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME: Doyle Fire District #1

TELEPHONE #:

FAX #:

DEPT. ADDRESS:

2199 William St.  
Cheektowaga, NY 14206

FIRE CHIEF NAME:

FIRE CHIEF SIGNATURE:

**PARENTAL CONSENT** (for applicants under age 18 as of date listed in Section A)  
I authorize the Erie County Sheriff's Office Fire Investigation Unit to conduct an arson and sex offense registry check for the applicant listed in Section 1.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

☐ N/A

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.

11. PHONE NUMBER

( )

INVESTIGATING OFFICER: \_\_\_\_\_ DATE \_\_\_\_\_  
(PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE \_\_\_\_\_

☐ 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

RESULTS OF INQUIRY



# CHEEKTOWAGA POLICE DEPARTMENT

3223 Union Road Cheektowaga, New York 14227

Brian F. Coons  
Chief of Police

## VOLUNTEER FIREFIGHTER BACKGROUND CHECK REQUEST FORM

\*\*\*Understand that this serves as a local check of records maintained by the **Cheektowaga Police Department** and does not search records a subject may have in other jurisdictions. **This record check does not replace a comprehensive background investigation.**\*\*\*

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

AKA (also known as): \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FIRE DEPARTMENT: Doyle Fire District #1

\*This notification shall entitle the person named or his authorized representative (representative must have notarized authorization from person named) to inspect the above-mentioned record and shall be in effect until 4:00pm on the day used. It may not be extended to another day without a new request for the inspection of records form.