

**Town of Watertown Fire Department**

**22825 Co. Rte. 67**

**Watertown, New York 13601**

**(315) 788-9101**

**(315) 788-9107 FAX**

**[twfdoffice46@gmail.com](mailto:twfdoffice46@gmail.com)**

Please read and sign this application before submitting it. This application needs to be submitted at least two weeks prior to the Executive Board. In addition to submitting this application, an interview will be held at the Executive Board, which generally meets the first Wednesday of each month at 6:30 PM.

As part of the membership investigation procedure, a routine inquiry will be made which will provide applicable information regarding your character, general reputation, driving history and personal characteristics. Additionally, a Criminal Record Report will need to be completed prior to the Executive Board interview.

Any false answer or statement or implication made by an applicant on this application shall be considered sufficient cause for denial of membership or removal from the active roster of this department.

Applicants also need to understand that they will be required to attend and successfully complete the NYS BEFO (Basic Exterior Firefighting Operations) Class within the first year of membership, assuming class space is available. Members are also required to respond to fire/EMS calls and attend training, as outlined in our Constitution and Bylaws.

A signature by the applicant on this application certifies that the application has been completed by the applicant and is true and complete to the best of their knowledge. By signing this application the applicant hereby grants permission to the Town of Watertown Fire Department to conduct necessary background checks as described by the Board of Fire Commissioners.

**Permission to Obtain Driving Record and Background Check for Arson  
Convictions, Sex Offender Database List, Felony, Misdemeanor or Traffic  
Infractions and a Criminal Record Report**

The applicant understands that a normal part of the application process is to review the driving record of all members, prior to being approved to drive any department owned equipment. By signing and submitting this application, the applicant agrees on the driving record and background check being conducted both now, and in the future.

(Please Print Legibly)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Recommended by TWFD Member: \_\_\_\_\_

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

Do Not Write Below This Line

Date Application Received: \_\_\_\_\_ Date Investigated: \_\_\_\_\_

Investigating Agency: \_\_\_\_\_ Executive Committee (Accept) (Reject)

Date: \_\_\_\_\_

This application is good for 6 months from the date submitted. An individual must be at least 18 years of age (16 years of age for Junior Firefighter membership) and obtain a physical (paid for by TWFD), before receiving any TWFD equipment and before responding to any calls.

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

Address: \_\_\_\_\_ Apt: # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

New York State Driver's License # \_\_\_\_\_

Have you ever been convicted of Arson: \_\_\_\_\_

Are you on any sex registry database: \_\_\_\_\_

Have you ever been convicted of a Felony, Misdemeanor or Traffic Infraction? \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT:**

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Length of Employment \_\_\_\_\_ Occupation: \_\_\_\_\_

**MILITARY SERVICE:**

Have you ever served in the United States Armed Services? \_\_\_\_\_

Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

**EDUCATION:**

High School \_\_\_\_\_ City and State: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

College: \_\_\_\_\_ City and State: \_\_\_\_\_

**FIRE OR EMS TRAINING:**

List below any fire schools, EMS courses and certifications: \_\_\_\_\_

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

**PREVIOUS FIREMATIC EXPERIENCE:** \_\_\_\_\_

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

**Town of Watertown Fire Department  
22825 County Rte. 67  
Watertown, NY 13601  
(315) 788-9101**

**AUTHORIZATION TO OBTAIN CRIMINAL RECORD REPORT**

MY FULL NAME IS: \_\_\_\_\_

MY SOCIAL SECURITY NUMBER IS: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MY DATE OF BIRTH IS: \_\_\_\_\_

I CURRENTLY RESIDE IN THE COUNTY OF \_\_\_\_\_

IN THE STATE OF \_\_\_\_\_

I HAVE LIVED IN THAT COUNTY FOR THE LAST \_\_\_\_\_ YEARS, \_\_\_\_\_ MONTHS

PREVIOUSLY, I LIVED IN THE COUNTY OF \_\_\_\_\_

IN THE STATE OF \_\_\_\_\_

I LIVED IN THAT COUNTY FOR \_\_\_\_\_ YEARS, \_\_\_\_\_ MONTHS

I AUTHORIZE THE **TOWN OF WATERTOWN FIRE DEPARTMENT** TO OBTAIN A  
CRIMINAL RECORD REPORT ON ME.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_