



New Haven Volunteer Fire Corporation
 4211 St. Route 104 – P.O. Box 53 – New Haven, New York 13121
 Telephone (315) 963-8070

Print in ink or type.

1. Answer all questions completely.
2. Resumes will not be accepted in lieu of applications.
3. False statements or omission of material facts will result in rejection of your application or removal from employment after hire.

Position Applied For:	<input type="checkbox"/> Firefighter <input type="checkbox"/> Junior Firefighter <input type="checkbox"/> EMS Member	Date of Application:
-----------------------	--	----------------------

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Last Name	First Name	Middle	Date of Birth (optional)	Social Security Number
Address			Apt. #	P.O. Box
Home Phone			Business or Cell Phone Number	
City	State	Zip	Business or Cell Phone Number	
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you below the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No:		Do you have a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION AND TRAINING

Please include any training relative to the position you are applying for, including military:

High School, Colleges, Vocational or Technical Schools	Major Subject	Units	Type of Degree or Certificate	Date

PERTINENT SPECIAL SKILLS

Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying.



New Haven Volunteer Fire Corporation
 4211 St. Route 104 – P.O. Box 53 – New Haven, New York 13121
 Telephone (315) 963-8070

ADDITIONAL INFORMATION

Are you willing to undergo a pre-employment physical exam? Yes No

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? Yes No
 If yes, explain: _____

Have you ever been convicted of a criminal offense? Yes No
 (If so, what and when) _____
 (Affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Do you possess a valid driver's license? Yes No State: _____ Driver's License # _____ Class: _____

Have you received any tickets in the last three years for moving violations? Yes No How Many? _____
 Date: _____ Violation: _____ Date: _____ Violation: _____

Do you have acquaintances, who are members of the New Haven VFC? Yes No

If yes, indicate the name(s): _____

WORK EXPERIENCE

Beginning with your Present or most recent employer, describe all Work Experience including Military, Volunteer and Intern Experience.

Name of Present or Most Recent Employer			Address		
Starting Date	Leaving Date	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Name of Employer			Address		
Starting Date	Leaving Date	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

REFERENCES

(Name three NOT EMPLOYERS OR RELATIVES)

Name and Address	Occupation	Phone



New Haven Volunteer Fire Corporation
 4211 St. Route 104 – P.O. Box 53 – New Haven, New York 13121
 Telephone (315) 963-8070

EMERGENCY CONTACT INFORMATION		
Name	Address	Relationship
		Telephone

AGREEMENT (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application to provide any relevant information that may be required to arrive at an employment decision.

Signature _____

Date _____

Parent/Guardian _____
 (If less than 18 years old)

Date _____



New Haven Volunteer Fire Corporation
 4211 St. Route 104 – P.O. Box 53 – New Haven, New York 13121
 Telephone (315) 963-8070

Member Release Form For
New York State License Event Notification Service

The License Event Notification Service (LENS) was created to serve the highway safety needs of public and private entities in New York State.

Participation in LENS can help us to:

- Ensure that each of our drivers has a valid license
- Identify problem drivers or driving behavior quickly
- Improve upon our safe operations and increase your safety when riding on apparatus.

We have selected the following license activities for which we will receive notifications:

- Reportable accidents
- Convictions
- License Expirations and Renewals
- License Suspensions and Revocations
- License Restorations

To be authorized to drive corporation vehicles for any reason you must be enrolled in this program. Enrollment in this program does not authorize an individual to operate corporation vehicles. This information will be used to assess continued authorization to drive corporation vehicles. Once enrolled you may request to be removed from the system at any time, and will be removed if no longer a member. If removed from the system, driving authorization will be immediately suspended. Your signature on this release authorizes the corporation to submit you for monitoring under the LENS program.

 Print Name

 Signature

 Date of Birth

 Drivers License #/State

<i>Completed by chief or designee</i>	
_____ Date entered into system	_____ Entered by
_____ Date removed from system	_____ Removed by