



# MEMBERSHIP APPLICATION

145 N. Sixth Street

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Lewiston, NY 14092

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**Lewiston Fire Company No. 1**  
of the Village of Lewiston, NY, Inc.

## Personal Information – Please PRINT All Information

Name (Last, First, Middle): \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### List any previous address's within the last (10) ten years:

Address	City	State	Zip Code

Age\*: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

Social Security Number\*: \_\_XXX\_\_ - \_\_XX\_\_ - \_\_\_\_\_ Sex:  Male  Female

Race\*: \_\_\_\_\_ Ethnicity\*: \_\_\_\_\_ Alias/Maiden Name\*: \_\_\_\_\_

Height\*: \_\_\_\_\_

Marital Status (Check One)\*:  Married  Single  Divorced  Separated

Do you have a valid New York State driver's license\*?  Yes  No

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Interested in (Check all that apply):  Fire / Rescue  EMS  Fire Police  Restricted Member

## Related Experience

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

Where? \_\_\_\_\_ Years of Service? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

List all Fire, Rescue and Emergency Medical/First Aid related certifications or trainings you've successfully completed:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

(Please submit all course listings with copies of certificates along with this application)

**Employment (List most recent first)**

Company and Supervisor	Address	Phone	Position	Dates of Employment

**Character References (Please list three)**

Name	Address	Phone

**Education**

School	Address	Major	Date / Type 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. (In general terms only)

All applicants must complete a Lewiston Fire Company No. 1 sponsored and paid for, physical. All medical information from this physical is privileged information and *will not be* given to the Fire Company. The only thing the Fire Company receives is a statement, from our Medical Provider listing whether you passed the examination and if you are eligible for Firefighter status as;

- 1 – Firefighter**
- 2 – Emergency Medical Services Member**
- 3 – Fire Police**

Are you willing to have a physical examination paid for by the Fire Company?  Yes  No

***Fire Company physicals are required every year.***

**Participation\***

Are you available for our Monday evening drills and Thursday evening worknights?  Yes  No

Monthly Meeting First Wednesday of the month, are you available?  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 Lewiston Fire Company No. 1?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In Case of Emergency Notify\***

Name:	_____		
Address:	_____		
City:	_____	Zip:	_____
Phone:	Cell:	Relationship:	

- I certify that, pursuant to section 837-0 of the Executive Law, I give the Lewiston Fire Company No. 1, Inc. permission to conduct an arson and sex offender background check (form DCJS-9).
- Applicant is aware and agrees by their signature below, that the arson and sex offender criminal background checks will be disclosed to the Board of Directors and the voting membership of the Lewiston Fire Company No. 1, Inc.
- Applicant is further aware and understands that some information on this application is **optional** and **denoted** \*. However, completion of these questions may expedite the application process.
- Applicant also understands that if an arson conviction is found, they will not be eligible for membership with this company.
- Applicant is further aware and understands that if a criminal conviction is found they *may* not be eligible for membership with this company.
- I certify that, if accepted, I will comply with the rules and by-laws of the Lewiston Fire Company No. 1 Inc.
- 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We appreciate your application for membership. The information you have supplied on this application and during your Fire Company Executive Committee Interview may be subject to inquiry and will be subject to a vote of approval by the Fire Company membership and the Lewiston Village Board. You will be notified, by phone/mail of the outcome of the vote.

**FOR OFFICIAL USE ONLY**

**Executive Committee Interview:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signatures of Executive Committee Members and Recommendations:**

	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Put on Hold
Signature:	Recommendation:			
	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Put on Hold
Signature:	Recommendation:			
	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Put on Hold
Signature:	Recommendation:			
	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Put on Hold
Signature:	Recommendation:			

**Comments:**

**Fire Company Membership Vote:** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Comments:**

**If Yes – membership submitted to the Village of Lewiston Board on:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_