

# Honeoye Falls Fire Department Inc.

7 Monroe Street  
Honeoye Falls, NY 14472



## APPLICATION FOR MEMBERSHIP

### PERSONAL INFORMATION

Name (Last, First, M.I.)	Social Security Number	Date of Birth M      D      Y
Address	Time at Present Address	Place of Birth
City, State, Zip Code	Phone Number (      )	Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain
E-Mail Address		

### DRIVER LICENSE INFORMATION

License Number	State	Class	Restrictions
Expiration Date M      D      Y	Traffic Violations		

### PRIMARY EMERGENCY CONTACT

Name	Relation	Phone Number (      )
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### EMPLOYMENT

Employer	Phone Number (      )	Length of Employment
Address	Supervisor's Name	

### PREVIOUS EXPERIENCE

Past Fire Experience <input type="checkbox"/> Fire Department <input type="checkbox"/> Junior Firefighter <input type="checkbox"/> Explorer	Department Name	Location	
	Post Name/Number	Phone Number (      )	
Military Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Length of Service From      To	Type of Discharge

**TESTIMONIAL** I agreed to undergo a physical and drug test.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or for separation from the Fire Department's service if I have been accepted.

Applicants Signature	Date M      D      Y	
References      Please use references that are not family members. Thank you.		
Name	Name	Name
Phone Number (    )	Phone Number (    )	Phone Number (    )

OFFICE USE ONLY  
DO NOT WRITE IN THIS SECTION

**BACKGROUND CHECK**

Submit to the Fire Chief for a complete criminal and arson background check.

Submitted by	Date M      D      Y	If the Background Check returns clear, continue to Interview Process.
Chief's Signature	Date M      D      Y	

**INTERVIEW PROCESS**

Date of Interview M      D      Y	Location of Interview	Membership Committee
Time of Interview Start      Finish		Member
Applicant Motive <input type="checkbox"/> Corporate Member <input type="checkbox"/> Interior Firefighter <input type="checkbox"/> Exterior Firefighter <input type="checkbox"/> Emergency Medical Technician	Comments	Member
		Member
		Member
Committee Action <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Date of Action M      D      Y	

**DEPARTMENT ACTION**

Date of Monthly Meeting M      D      Y	Members Action <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Comments
Chief's Signature	Date M      D      Y	
Secretary's Signature	Date M      D      Y	

**VILLAGE APPROVAL**

Date of Village Board Meeting M      D      Y	Mayor's Signature	Date M      D      Y
Returned to Fire Department M      D      Y	Comments	

**VILLAGE OF HONEOYE FALLS**  
(Referred to herein as Employer)  
**ADDENDUM TO EMPLOYMENT APPLICATION**

**AUTHORIZATION AND AGREEMENT**

**I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER (S)** Yes ☐ No ☐  
**MY PAST EMPLOYERS** Yes ☐ No ☐

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transactions. Information gathered about your background and qualifications will be used to help make a fair employment decision. The information will only be available to those participating in the decision or those who process employment applications. As part of the investigation, a check of original records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplied to us in the investigation for its own business purpose. Further information such as the name of the consumer-reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requested authorization forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand the Village of Honeoye Falls has a policy requiring a Drug and Alcohol Free Work Environment. I understand that to complete my application for employment, I must provide the Village with the results of a drug test advising that I am drug and alcohol free. I agree to provide the Village with results of a drug test in order to complete my employment application. I agree to sign all authorizations and releases required to have the results of the drug test released to the Village. I understand if I am hired that a condition of my continuing employment, under certain conditions, will be to provide to the Village the results of a drug test and if I refuse it may be grounds for termination of employment.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tasks and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to

adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any time, during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at will employment agreement will not be valid unless in writing signed by me and duly authorized representative of this employing organization.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION  
AND AGREEMENT STATEMENTS.**

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Signature of Applicant

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Date

**PLEASE RETURN THIS "AUTHORIZATION AND AGREEMENT"  
WITH YOUR APPLICATION**

**VILLAGE OF HONEOYE FALLS**  
(Referred to herein as Employer)  
**ADDENDUM TO EMPLOYMENT APPLICATION**

**FAIR CREDIT REPORTING ACT**  
**Disclosure and Authorization Statement**

**To: All applicants for Employment (Please Read Carefully before Signing Below)**

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

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Name (please print)

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Signature of Applicant

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Date

