

Modena Fire Department



P. O. BOX 73 - MODENA, NEW YORK 12546

FIRE & RESCUE APPLICATION

Name: _____ Social Security # _____ DATE _____

Home Phone # _____ E-Mail Address: _____

Street Address _____

Mailing Address _____

I certify that I live in _____ Fire District., Cell Phone # _____

Work: Name of Company: _____

Address: _____ Work Phone: _____

Are you 18 or older? Y N If no, state your age _____

Do you have a valid NYS driver's license? Y N Do you have DOT physical? Y N

Driver license # _____ Class: _____ Endorsements: _____ Restrictions: _____

Division of criminal justice services (dcjs-9) required information

Nickname: _____ D.O.B. _____

Maiden name or alias: _____ place of birth: _____

Please indicate your availability to participate in normally required department activities (meetings, drills, emergency calls) weekdays weekends days evenings nights

Previous emergency services experience (include all fire, rescue, police, & EMS agencies) attach additional forms as necessary.

Name of Agency: _____ Contact Person: _____

Address: _____ Phone Number: _____

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Y N (Details optional)

The undersigned applicant, who affirms that the statements made herein are true under penalties of perjury, has submitted this application. Furthermore, the undersigned authorizes all licensing agencies, law enforcement agencies, employers, & previous emergency services agencies to disclose all relevant records about me to the Modena Fire Department whether the information be of public, private, or confidential nature and I release them from any liability and responsibility from doing so.

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Administrative use only: 1st reading _____ 2nd reading _____ DCJS conviction Y N
(date) (date)

Committee's recommendation: favorable _____ unfavorable _____ date: _____

Fire dept membership: accepted _____ unaccepted _____ date: _____

Rescue membership: N/A _____ accepted _____ unaccepted _____ date _____

District reading: date _____ fire dept. Bylaws given _____ rescue bylaws given _____

Application fee paid \$ _____ dues paid \$ _____ contacted transfer dept. _____ copy driver's license _____

ALL APPLICANTS MUST ATTACH A COPY OF DRIVERS LICENSE.