

**OSWEGO FIRE PROTECTION DISTRICT
REQUEST FOR MEMBERSHIP
PAID-ON-CALL FIREFIGHTER**

1. **Name:** _____
(Last) (First) (Middle)

2. **List any other names you have used or been known by (include maiden name):**

3. **Address:** _____
(Number & Street) (City) (State) (Zip)

4. **Home Phone:** (____) _____ - _____ 5. **Work Phone:** (____) _____ - _____

6. **Cell Phone:** (____) _____ - _____ 7. **Social Security No.:** _____ - _____ - _____

8a. **Are you a U.S. Citizen?** Yes: (____) No: (____)

8b. **If No, have you applied for United States citizenship?** Yes: (____) No: (____)

9. **Drivers License No.:** _____ **State:** _____ **Class:** _____

LIST LAST TWO FORMER ADDRESSES (IF ANY) IN CHRONOLOGICAL ORDER:

10. **Address:** _____
(Number & Street) (City) (State) (Zip)

11. **Address:** _____
(Number & Street) (City) (State) (Zip)

EDUCATION

12. **CIRCLE HIGHEST GRADE COMPLETED**

GED CERTIFICATE HIGH SCHOOL COLLEGE: 1 2 3 4

OTHER (Describe): _____

13. **High School:** _____ **Yes (____) No (____)**
(School Name & Address) (Dates Attended) Did you Graduate

14. **Undergraduate:** _____ **Yes (____) No (____)**
(School Name & Address) (Dates Attended) Did you Graduate

15. **Graduate/Trade:** _____ **Yes (____) No (____)**
(School Name & Address) (Dates Attended) Did you Graduate

16. **What college degrees have you attained?** _____

MILITARY

17. *Are you now or have you ever been in the military service for the USA? Yes (___) No (___)*
18. *Branch of Service:* _____
Service Serial Number: _____ *Highest Rank Held:* _____
Type of Discharge: _____ *Date:* _____
19. *Give dates and location of active duty:* _____
Period of Active Duty From: _____ *To:* _____
20. *Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes (___) No (___)*
Unit: _____ *Rank:* _____
Dates From: _____ *To:* _____

EMERGENCY CONTACT

21. *List the person whom you would like the OFPD to contact in case of injury or accident:*
Name: _____ *Relationship:* _____
Contact Phone Number (___) ____ - ____ *Alternate Number* (___) ____ - ____

CONVICTION HISTORY

22. *Have you ever been convicted of a crime other than minor traffic violations?*

Yes (___) No (___) If "Yes", please list below:

<i>DATE</i>	<i>POLICE AGENCY</i>	<i>OFFENSE</i>	<i>DISPOSITION</i>

23. List all traffic convictions and accidents you have had in the last 5 years:

LOCATION	APPROX DATE	VIOLATION	DISPOSITION

24a. Have you ever been refused a driver’s license? Yes: (____) No: (____)

24b. If “Yes” above, please explain: _____

25a. Has your driver’s license ever been suspended, revoked, or cancelled? Yes:(____) No:(____)

25b. If “Yes” above, please explain: _____

EMPLOYMENT HISTORY

List your last three jobs, including periods of unemployment. List your present job first. Include military service in proper time sequence along with temporary or part-time jobs.

26. Present Employer: _____

Address: _____
(Number & Street) (City) (State) (Zip)

Employed: _____ to _____ Salary: _____
(Month/Year) (Month/Year)

Job Description/Title: _____

Supervisor: _____ Phone: (____) _____ - _____

Reason for Leaving: _____

27. **Previous Employer:** _____

Address: _____
(Number & Street) (City) (State) (Zip)

Employed: _____ *to* _____ **Salary:** _____
(Month/Year) (Month/Year)

Job Description/Title: _____

Supervisor: _____ **Phone:** (____) _____ - _____

Reason for Leaving: _____

28. **Previous Employer:** _____

Address: _____
(Number & Street) (City) (State) (Zip)

Employed: _____ *to* _____ **Salary:** _____
(Month/Year) (Month/Year)

Job Description/Title: _____

Supervisor: _____ **Phone:** (____) _____ - _____

Reason for Leaving: _____

29a. **Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes (____) No (____)**

29b. **If "Yes" above, please explain:** _____

30a. **Have you ever resigned from any employment position because of misconduct, unsatisfactory performance or while under investigation? Yes (____) No (____)**

30b. **If "Yes" above, please explain:** _____

REFERENCES

Please list three adults, not related to you, who have known you for more than three years. All persons to whom you refer will be asked to appraise you character, ability, personality and other qualities.

31. **Name:** _____ **Phone:** (____) _____ - _____

Address: _____
(Number & Street) (City) (State) (Zip)

Occupation: _____ **Relationship:** _____

32. **Name:** _____ **Phone:** (____) _____ - _____

Address: _____
(Number & Street) (City) (State) (Zip)

Occupation: _____ **Relationship:** _____

33. **Name:** _____ **Phone:** (____) _____ - _____

Address: _____
(Number & Street) (City) (State) (Zip)

Occupation: _____ **Relationship:** _____

MISCELLANEOUS

34. **List any memberships in civic organizations:**

35. **Explain your reasons for wanting to become a member of the OFPD:** _____

36a. **Are you capable of sustained vigorous activity:** Yes (____) No (____)

36b. **If "No" above, please explain:** _____

37. *The Oswego Fire Protection District provides a wide variety of services to the community. Please check all services/specialties that interest you:*

Firefighting Ambulance Arson Investigation Haz-Mat

Fire Prevention Inspections Public Education Paramedic

Extrication Water Rescue Elevated Rescue

38. *Are you available Tuesday Evenings for Training?* Yes No

39. *Will you attend special weekend drills?* Yes No

40. *Are you available for daytime weekday calls?* Yes No

41a. *Do you work in the Oswego area?* Yes No

42b. *If "Yes" above, will your employer release you to respond to the fire station for emergency calls?* Yes No

43. *I understand that prior to my hire, I will be subjected to a medical evaluation including a complete drug test and urinalysis, as well as a criminal background check. I also understand that prior to employment, I must provide a copy of my driver's license and a completed Authorization Form (Attachment A) to the District.*

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS APPLICATION, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS ON THIS APPLICATION MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE OSWEGO FIRE PROTECTION DISTRICT.

Signature: _____

Date: ____/____/____

ATTACHMENT A

**OSWEGO FIRE PROTECTION DISTRICT
AUTHORIZATION FORM**

I, _____, hereby authorize the Oswego Fire Protection District and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the Oswego Fire Protection District. I also consent to the release to the Oswego Fire Protection District of any and all medical records prepared during the medical examination I am required to undergo before employment with or at any time during my employment with the Oswego Fire Protection District. I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

Signature: _____

SUBSCRIBED and SWORN to
Before me this _____ day of
_____, 20_____.

Notary Public

THE OSWEGO FIRE PROTECTION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.