2801 Seneca St, West Seneca, NY 14224

# **Application for Membership**

Please fill out and return completed applications to the email: <a href="mailto:applications@senecahose.com">applications@senecahose.com</a>

Date:					
Name:		D.O.B.:		Sex: □M □F	
Address:		City:		_ State: Zip: _	
Driver's Licer	nse #:		State:	_ Class:	
Phone: (H): _		(C):			
Marital Statu	ıs:	Spouses First Nar	ne:		
Education:	High School:		Grad	e Completed:	
	College:		Degree:		
Current Emp	loyer:	Po	Position:		
Address:		City:		_ State: Zip: _	
Supervisors I	Name:	Su	pervisors Phone:		
Have you eve	er been convicted of a Felony?	$\Box Y \Box N$			
If yes, please	explain:				
Do you have	any Physical Disabilities or illn	ess that can hinder	·your safety?	□Y □N	
If yes, please	explain:				
Have you eve	er been a member of a Fire De	partment? □\	Y □N		
Department	Name:				
Address:		City:		_ State: Zip: _	
Chief's Name:		President	President's Name:		
Phone:	Offices Held:				

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Please list any Fire or EMS certifications you have (please provide proper certificates):
Why do you want to become a Seneca Hose Firefighter?

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#### PLEASE READ AND SIGN BELOW:

To apply for membership in Seneca Hose Company No. 1, you must be: an American Citizen, 18 years of age or older and out of high school. You must live in the Town of West Seneca Fire District #5 or Boundary Fire District, or within a 1 mile radius of 2801 Seneca Street. Provide three letters of character reference by other than family members, which must be submitted with this application.

You will be subject to:

- A criminal background check
- A Fire District Physical
- A 1 year probationary training period (must attend 25% of all company and 25% of Truck Room functions)
- Per Fire District #5 policy you must attend and pass Firefighter 1 and EMT courses within the first two (2) years of your membership (this includes probationary year)
- An interview by Seneca Hose Company No. 1 Investigation Committee.

I understand the above, and my answers are true and acc	curate. Therefore I apply for membership as
an ACTIVE member of Seneca Hose Company No. 1.	
Signed:	Date:

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COMPANY USE ONLY:

Date of Applicant Interview:	
Date of interview by Board of Directors:	
Date of Membership vote:	
Membership to Company: (YES) (NO)	
Life Membership Request Date: Granted: (YES) (NO)	
Offices held in Seneca Hose Company No. 1:	
Office: Dates:	
REV REV DATE DESCRIPTION REV BY B	'D APP