



KENDALL FIRE DEPARTMENT



APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Driver License Number:	Ht.(FT,IN)	
PREVIOUS EXPERIENCE		
Former Fire Dept./Ambulance Squad:		
Dept. Address		Years of Service:
City:	State:	ZIP Code:
Position:	EMT Number:	
EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
PERTINENT MEDICAL INFORMATION (LIST ANY)		
DESIRED POSITION (CHECK ALL THAT APPLY)		
Fire Police	Driver	Interior
Exterior	Medic	Dispatch
Other	If other please list:	
ALL MEMBERS OF THE KENDALL FIRE DEPARTMENT ARE REQUIRED TO BE MEMBERS IN GOOD STANDING		
"Good Standing" is defined as:		
<ul style="list-style-type: none"> i. Having no dues in arrears ii. Having attended at least 2 regular meetings in the past 12 months iii. Not currently on suspension iv. Have attended at least 5 calls in the preceding year v. Have received Hepatitis-B vaccination or signed a declination statement for Hepatitis-B vi. Being up to date with department physicals no later than the annual meeting 		



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SIGNATURE	
I acknowledge by signing below;	
That as part of the application process there will be a background check performed by the Orleans County Sheriff's Office. The background check will consist of any convictions of arson and any sex offenses.	
That all information provided on this form to be true and used as to my credit and membership.	
Signature of applicant:	Date:
Please return the filled out application to the Kendall Fire Dept. PO 187 Kendall NY 14476 with a \$10 check(First year dues)	
DEPARTMENT USE ONLY	
SIGNATURES OF EXAMING COMMITTEE	
Print:	Sign:
Print:	Sign
Print:	Sign
Print:	Sign
Date of Interview:	