



**LIVONIA FIRE DEPARTMENT**  
**LIVONIA, NY 14487**

*"Protecting lives, property, and the environment since 1879"*

**PETITION FOR MEMBERSHIP**

Date of application: \_\_\_\_\_

Date Accepted/rejected \_\_\_\_\_

Membership Number: \_\_\_\_\_

**Select One:**

**Fire Department** \_\_\_\_\_

**Associate Membership** \_\_\_\_\_

All applicants for membership will be contacted for an interview with the Livonia Membership committee.

**The Livonia Fire department is organized and dedicated to provide the highest quality emergency services for the protection of life and property to the citizens of our community**

**THE DECISION MAKING POWER OF THIS ORGANIZATION LIES WITH THE VOTE OF THE MEMBERSHIP**

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Cell Phone provider \_\_\_\_\_ Email address: \_\_\_\_\_

Do you want to receive Fire and EMS calls via text message on your cell phone : yes no

Do you want to be added to our group emails: yes no

How long have you lived at this address: Years \_\_\_\_\_ Months \_\_\_\_\_

How long have you lived in New York State: Years \_\_\_\_\_ Months \_\_\_\_\_

Place of birth (city) \_\_\_\_\_ (state) \_\_\_\_\_

## **Employment History**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_ Phone number \_\_\_\_\_

How long have you been there: \_\_\_\_\_

*If employed less than 1 year please include previous employers on the last sheet of this application*

## **Previous Firefighting or Emergency Medical Services Experience**

Please list only experience in Law enforcement, Fire Departments, or Emergency Medical Services

1. Name of Agency: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Years of Service \_\_\_\_\_

Why did you leave: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name of Agency: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Years of Service \_\_\_\_\_

Why did you leave: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name of Agency: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Years of Service \_\_\_\_\_

Why did you leave: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Medical Technician number \_\_\_\_\_ Expiration date \_\_\_\_\_

*If more room is needed you can list more on the last sheet of this application*

**Personal References**

Please list 2 people that you have known for at least 2 years that are not employers, family members, or members of the Livonia Fire Dept. or Livonia EMS

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**Department References**

Please list 2 members of the Livonia Fire Dept or Livonia EMS (if you know any)

Name \_\_\_\_\_ how you know them \_\_\_\_\_

Name \_\_\_\_\_ how you know them \_\_\_\_\_

(Not knowing anyone in the department will not affect this application)

**Legal Requirements**

The following information is required by New York State Law. However it is not shared with the general membership during the voting process and does not affect the approval of your application for membership.

Gender \_\_\_\_\_ Racial Appearance \_\_\_\_\_ Skin Tone \_\_\_\_\_

Height \_\_\_ ft \_\_\_ in Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Social Security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Do you have a New York State Drivers license \_\_\_\_\_ number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Expiration date \_\_\_\_\_ any special endorsements \_\_\_\_\_

Have you had a motor vehicle accident in the last 5 years? Yes No

If yes please list: \_\_\_\_\_

*If more room is needed you can list more on the last sheet of this application*

Have you had any traffic violations in the past 5 years: Yes No

If yes please list: \_\_\_\_\_

*If more room is needed you can list more on the last sheet of this application*

(Include date, charge, disposition, and court location)

**Legal Requirements (cont)**

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud or

arson?            Yes            No

*If more room is needed you can list more on the last sheet of this application  
(Include date, charge, disposition, and court location)*

Do you use alcohol:    never \_\_\_\_ 1-2 Week \_\_\_\_ 3-4 times a week \_\_\_\_ More \_\_\_\_

Do you use tobacco:    never \_\_\_\_ 1-2 Week \_\_\_\_ 3-4 times a week \_\_\_\_ More \_\_\_\_

Do you use Drugs:    never \_\_\_\_ 1-2 Week \_\_\_\_ 3-4 times a week \_\_\_\_ More \_\_\_\_

**WITH THE FREEDOM OF INFORMATION LAW, ALL INFORMATION  
CONTAINED AND OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL.  
THIS INFORMATION WILL BE USED ONLY FOR INTERNAL MEMBERSHIP  
PROCESSING.**

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS  
THE \_\_\_\_ DAY OF(month)\_\_\_\_,(year) \_\_\_\_ BY THE  
UNDERSIGNED APPLICANT WHO AFFIRMS THE STATEMENT MADE HEREIN  
ARE TRUE UNDER THE PENALTIES OF PERJURY.

Applicant Signature: \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Witness signature: \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

# **PRIVACY NOTIFICATION**

Section 94 of the Public officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts of information, which will be maintained in a record system is collected from you.

Livonia Fire Department is an Equal Opportunity Employer, and does not judge applications by race, religion, or sexual orientation.

The authority to request and confirm that personal information about you is found in Article 6 of the Executive Law.

## **The information obtained will:**

Be used to determine your qualifications for the position for which you are applying:

Be maintained in your personnel file (if you become a fire company member) or in our resume' file for 6 months (if you are not a fire company member). The information will be maintained by the President of the Livonia Fire Dept. Inc. until the application is voted on by the membership.

Failure to provide the information or authorization will result in your application not being considered for membership.

*Below to be filled out by the President of the Livonia Fire Department Inc after the application has been voted on by the membership*

President \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

Witnesses Name Printed \_\_\_\_\_

**Department Seal of Approval**