

FORKS HOSE COMPANY #2
MEMBERSHIP APPLICATION

NAME: _____

MAILING ADDRESS: _____

PHONE NO: (_____) _____

How long have you lived at your present address? _____ Years ___ Months

If less than 2 years, please list your prior addresses for the last two years:

Address	From	To
_____	_____	_____
_____	_____	_____

Do you intend to reside in the Forks Fire District for the next few years? Yes ___ No ___

If no, please explain why not? (college, etc)

Do you possess a valid N.Y.S. driver's license? Yes ___ No ___

Employment Information:

Name	Address	Position	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____

Do you have access to a vehicle to permit you to respond to the station? Yes ___ No ___

List any relevant certifications, courses, trainings (please provide expiration dates, if any):

What is your highest grade/level of education completed? _____

Have you previously belonged to another fire department or ambulance service? Yes ___ No ___

If so, provide name, address and years of service: _____

Are you a citizen of the United States? Yes ____ No ____

If not, do you intend to become a citizen of the United States? Yes ____ No ____

If no, have you the legal right to remain permanently in the United States? Yes ____ No ____

Do you intend to remain permanently in the United States? Yes ____ No ____

Do you have any pending criminal offenses? Yes ____ No ____

Provide details of any offense still pending: _____

**PLEASE RETURN THIS APPLICATION TO:
3330 BROADWAY CHEEKTOWAGA NY 14227
WE WILL CONTACT YOU FOR AN INTERVIEW**

**For all new applications,
There is a \$5.00 fee for Membership Dues and a \$5.00 Application Fee**

Disposition by the Company

The following action was taken at the company meeting held in accordance with the Constitution and By-Laws of this organization

Approved

Disapproved

Date

Signature of Company Secretary

Board of Fire Commissioners Review

Approved

Disapproved

Date

Signature of Chairman or Secretary