



**APPLICATION FOR MEMBERSHIP**

*"I hereby make application to the Twin District Volunteer Fire Company, Inc., for active membership and agree to be governed by the Constitution and By-Laws of the Company."*

**PERSONAL INFORMATION: (please fill out completely)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Male or Female? \_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail address: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Drivers License Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ever been suspended or revoked?, if so when & reason \_\_\_\_\_

Marital Status: If Married, spouses name: \_\_\_\_\_

Emergency contact (if other than spouse): \_\_\_\_\_ Phone: \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

College or Trade School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

**EMPLOYMENT:**

Present Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Regular Working Hours: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

List other employers in the past three years by date w/ contact info:

- 1.
- 2.
- 3.
- 4.

**REFERENCES:**

General References

Name Address & Phone Number

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Twin District Fire Department References (if one is known)

Name Address Phone Number

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**GENERAL INFORMATION:**

Have you ever been arrested or convicted of any crime? (Exclude any simple traffic tickets but include DWI)? If so, what and when? \_\_\_\_\_  
\_\_\_\_\_

Have you ever belonged to a Fire Company or Emergency Squad before? \_\_\_\_\_

Name of Department and Dates of Membership

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Please list any specialized training, along with any special qualifications or skills or experience:

(Please include copies of any current certifications)

(Use the back of this page or a separate sheet if additional space is needed) \_\_\_\_\_  
\_\_\_\_\_

The Twin District Volunteer Fire Company, Inc. will submit an application for a criminal background check to check for a record of any criminal convictions. If a record of any arson conviction is found, this application must be immediately rejected in accordance with New York State Law. This record is confidential information to the Chief of the Fire Company and Investigation Committee, and will not under any circumstances, be divulged to anyone.

I hereby certify that the above information is complete and correct to the best of my knowledge. The criminal background check procedure has been explained to me, and I authorize the Fire Company for this check at any time during my background or appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Is Application Fee of Twenty Dollars (\$20.00) Enclosed? \_\_\_\_\_



**Lancaster Police Department**  
Criminal Justice Building  
Lancaster Town Center – 525 Pavement Road  
Lancaster, New York 14086



**Gerald J. Gill, Jr.**  
Chief of Police

**Police Department**  
Phone: 716-683-2800  
Fax: 716-681-2352

**Detective Bureau:**  
Phone: 716-683-3120  
Fax: 716-681-6779

**Background Check Release Form for Employment and/or Membership**

**Twin District Fire Department**

Requestor Name \_\_\_\_\_ Title \_\_\_\_\_  
(Print)  
Signature of Requestor \_\_\_\_\_

**(To be completed by applicant)**

I, \_\_\_\_\_, authorize the Lancaster Police Department  
(PRINT NAME)  
to conduct a background check for purposes of membership to the above indicated organization to include **but not limited to local arrest record and driver's license history.**

Name: \_\_\_\_\_  
Last First Middle Jr./III

List all names you have previously been known as;

Street address: \_\_\_\_\_ Apt \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address (If less than 5 years) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Notary Public \_\_\_\_\_ Affix Stamp

**Lancaster Police Department Use Only**

\_\_\_\_\_ This person (has) /(does not have) Vehicle & Traffic Violations on file.  
Circle One

\_\_\_\_\_ This person (has) /(does not have) an Erie County New York arrest record.  
Circle One

Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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