

## *St. James Fire Department Inc.*

533 North Country Road, St. James, New York 11780-1404

Phone: (631)584-5760

Fax:(631)584-5733

Dear Applicant;

Welcome, and thank you for taking the time to fill out the attached application for membership to the St James Fire Department. We look forward for you to become an active member of this department, which has served its community and residents for over 90 years.

In addition to supplying the information requested in the application for membership, you must also bring with you to the Board of Directors meeting:

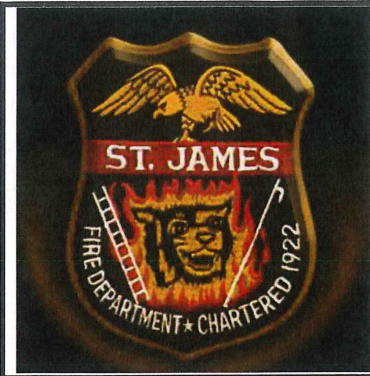
1. Birth Certificate with raised seal.
2. Valid Driver's License.
3. A \$5.00 application fee is required to process application.

A copy of items 1 and 2 will be made at this meeting and returned to you. These copies will be attached to, and become a permanent part of; your application for membership. It should be noted that your application for membership will not continue unless the above requirements are met and that all pertinent parts of the application for membership are completed.

If you have any questions regarding the information requested of you in the attached application for membership, please feel free to contact the Office of the Chief anytime. They may be contacted at 584-5799.

Board of Directors

St. James Fire Department, Inc.



# ST. JAMES FIRE DEPARTMENT

## Policies & Procedures

### Applicant Schedule

ISSUED: Feb 2, 2015

REVISED: N/A

Applicant name \_\_\_\_\_

Thank you for your interest in becoming a member of the St. James Fire Department. Below is the scheduled progression of your application along with dates for all meetings that perspective members are required to attend. Failure to appear at any of the scheduled meetings will delay the process. If you have any questions regarding the meeting listed, please discuss them at the time you receive this schedule.

- 1) The Chief receiving your application will review it to ensure it has been filled out in its entirety.
- 2) The application will then be passed to the Board of Directors to be reviewed by the investigating committee.
- 3) The application will then be read off at the next department meeting.
- 4) You are then required to attend the next Board of Officers meeting.

The next Officers meeting is scheduled for \_\_\_\_ at \_\_\_\_\_.

At this time you will receive a copy of the Chief's Orders of the St. James Fire Department. It is recommended that you take the time to review this document and understand what the expectations are of all members of the department.

- 5) You are then required to attend the next Board of Directors meeting.

The next Directors meeting is scheduled for \_\_\_\_ at Station 1, located at 533 North Country Rd., St. James.

At this time you will receive a copy of the By-Laws of the St. James Fire Department. Please take the time to review this document. It will help you understand the "membership" rules and regulations

- 6) Pending the return of the required background checks and your attendance at the meetings listed above, a vote by the membership will be held at the next Department meeting. Immediately following the vote you will be contacted and informed of the results. Do not attend this meeting until you have been informed of the results.

The next Department meeting is scheduled for \_\_\_\_ at Station 1 located at 533 North Country Rd., St. James.

- 7) Upon election to membership, you will be required to take and pass a physical administered and paid for by the St James Fire District.
- 8) If qualified you will then be required to attend the next Board of Fire Commissioners meeting where you will be sworn in. You will also be assigned to one of the fire companies.

The next Commissioners meeting is scheduled \_\_\_\_ at \_\_\_\_\_.

**St. James Fire Department, Inc.**

**APPLICATION FOR MEMBERSHIP**

533 North Country Road, St. James, New York 11780-1404

Date of Application: \_\_\_\_\_

I, \_\_\_\_\_ as a legal resident of the *St. James Fire District* or protected areas, do hereby apply for membership in the *St. James Fire Department, Inc.* and if elected a member, do solemnly promise that I will serve it honestly, faithfully, obey and abide by the Rules and Regulations, by-laws, Chief's Orders and directions of the Officers elected or appointed over me according to law and to the best of my ability.

Upon being elected to membership to the *St. James Fire Department*, I understand that I must take and pass a physical administered and paid for by the *St. James Fire District* without delay to ascertain if I am physically qualified for membership. If so qualified, I will thereafter be sworn in by the *St. James Fire District Board of Fire Commissioners*, assigned to a company, and issued safety and alerting equipment to respond to alarms with. I further understand I will be placed on probation for a period of not less than one (1) year at which time my record will be reviewed by the Board of Officers to determine whether I should become a regular member or be dropped from the roles of the *St. James Fire Department* and return all equipment issued to me.

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

---

**ST. JAMES FIRE DEPT. MEMBER RECOMMENDATIONS**

(IF YOU DO NOT KNOW ANY SJFD MEMBER, YOU MUST COMPLETE THE PERSONAL REFERENCE SECTION ON PAGE 5)

Active Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Active Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Active Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

---

**INVESTIGATION COMMITTEE SIGN-OFF/REVIEW**

Investigating Committee: \_\_\_\_\_ Date: \_\_\_\_\_  
Name

Board of Directors: \_\_\_\_\_ Date: \_\_\_\_\_  
Name

Board of Officers: \_\_\_\_\_ Date: \_\_\_\_\_  
Name

---

Elected to Department - Date: \_\_\_\_\_  
Secretary of Department

Secretary of Department has forwarded elected members information to Secretary - Board of Fire Commissioners

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

---

I hereby certify that the above named member, \_\_\_\_\_ has completed the required fire training course and may now be removed from the probationary list.

\_\_\_\_\_  
Chief of Department Date: \_\_\_\_\_

# APPLICANT INFORMATION

Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ Years at Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years at Previous Address: \_\_\_\_\_

Tel #: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouses Name: \_\_\_\_\_ Drivers License ID #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

What hours will you be available to respond? \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Have you ever been convicted of a Felony or Misdemeanor? Yes / No

If Yes: What: \_\_\_\_\_

When: \_\_\_\_\_

Disposition: \_\_\_\_\_

Have you ever been a member of the St. James Fire Department Junior Fire Department? Yes / No

**OR**

Have you ever been a member of another Fire Department, Ambulance Corp.? Yes / No

If yes: Name: \_\_\_\_\_

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

Telephone #: (\_\_\_\_) \_\_\_\_\_ Position/Rank: \_\_\_\_\_

Membership Dates: From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**\*Note:** If application is being made between the ages of 17 and 18 years, **you must** have been a member in good standing of the St. James F.D. Junior Fire Department for a minimum of one (1) year and receive a recommendation from the Director of the St. James Fire Department Junior Fire Department for your application to be accepted.



# Employment History

**Please list your last three (3) employers for the past five (5) years:**

**Present or last Employer:** From \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Schedule: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Employer:** From \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Schedule: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Employer:** From \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Schedule: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## EDUCATION HISTORY

High School: \_\_\_\_\_

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

Number of years attended: \_\_\_\_\_ Graduated? Yes / No Year: \_\_\_\_\_

College: \_\_\_\_\_

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

Number of years attended: \_\_\_\_\_ Graduated? Yes / No Year: \_\_\_\_\_

Course / Major / Degree: \_\_\_\_\_

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

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

Number of years attended: \_\_\_\_\_ Graduated? Yes / No Year: \_\_\_\_\_

Course / Major / Degree: \_\_\_\_\_

## ADDITIONAL HISTORY INFORMATION

Have you ever served in the United States Armed Forces? Yes / No

If yes: Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Discharge type: \_\_\_\_\_ Date: \_\_\_\_\_

Are you presently, or have you ever been, a member of any other Fraternal or Service organization? Yes / No

If yes; name: \_\_\_\_\_

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

Telephone #: (\_\_\_\_) \_\_\_\_\_ Position / Rank: \_\_\_\_\_

Membership: From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## PERSONAL REFERENCES

Please list two **Personal** references, other than a relative:

*(Note: A personal reference is not needed if you have a St. James Fire Dept. member recommendation on cover page).*

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

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

Telephone #: \_\_\_\_\_ Years known: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_ Years known: \_\_\_\_\_

Please list an **Employment** reference:

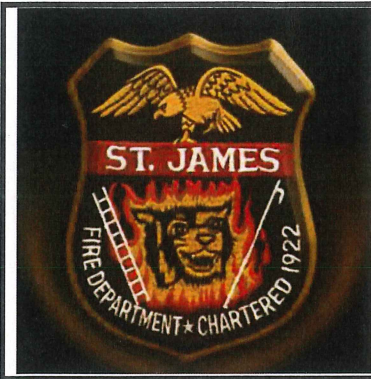
Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Years known: \_\_\_\_\_

I certify that the foregoing application statements are true and correct to the best of my knowledge. I further understand that any willful erroneous or incorrect information will be reason for my application ***not*** being accepted, or for termination of my membership.

Applicants Signature: \_\_\_\_\_



# ST. JAMES FIRE DEPARTMENT

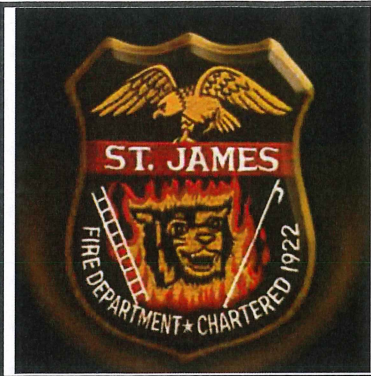
## Policies & Procedures

### Applicant Checklist

ISSUED: Feb 2, 2015

REVISED: N/A

- Upon initial receipt of an application by the Chief's office:
  - Obtained a hard copy of applicant's driver's license and attached copy
  - Obtained a hard copy of applicant's birth certificate with raised seal and attached copy.
  - Attached \$5.00 application fee.
  - Supplied applicant with a completed "Applicant Schedule".
- Review by the Chief's office:
  - Personal information filled out completely.
  - Employment history information filled out completely.
  - Education history information filled out completely.
  - Additional history information filled out completely.
  - Personal reference information filled out completely.
  - Criminal history records check signed and notarized.
  - Authorization to check personal references signed and notarized.
  - Authorization to check employment reference signed and notarized.
- Information requests have been sent by the Chiefs office to the proper authorities.
- Application passed to the Board of Directors. Date: \_\_\_\_\_
- Investigative Committee approved/disapproved applicant and signed off.
- Application passed to department secretary for pending vote. Date: \_\_\_\_\_
- Application passed to Chief's office after vote. Date: \_\_\_\_\_
- Miscellaneous:
  - Applicant received Chief's orders. Date: \_\_\_\_\_
  - Applicant received By-Laws. Date: \_\_\_\_\_



# ST. JAMES FIRE DEPARTMENT

## Policies & Procedures

### Criminal History Records Check

ISSUED: Feb 2, 2015

REVISED: N/A

I, the undersigned, hereby authorize the New York State Court System and the Suffolk County Police Department to release to the St James Fire Department Inc, any criminal history records, including sealed records, on file under the following name(s):

Legal Name \_\_\_\_\_

Also known as \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ from \_\_\_\_\_ to present

\_\_\_\_\_

Previous Address \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Height: \_\_\_\_\_ Race: \_\_\_\_\_

It is understood that this search is of New York State Criminal Court records and that of Police Department's/associated police records and may/may not include information from other police agencies. The Authorizing Party hereby agrees to indemnify and hold harmless the New York State Court System and the Suffolk County Police Department, its officers and employees from and against any and all claims, demands, actions, suits and proceedings by others; against all liability to others, including but not limited to any action whatsoever, and against any loss, cost, expense and damages resulting there from, arising out of or involving any negligence on the part of the Authorizing Party in the execution of this criminal history records check.

Motorist I.D. Number \_\_\_\_\_

Authorizing Party's (Applicant's) Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF NEW YORK )

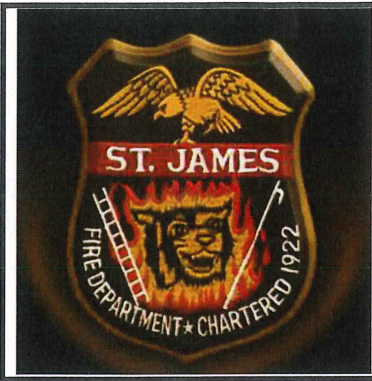
COUNTY OF )

SS.:

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained

\_\_\_\_\_  
Notary Public (print)

\_\_\_\_\_  
Notary Public of New York State (seal)



# ST. JAMES FIRE DEPARTMENT

## Policies & Procedures

### Authorization to Check Employment References

ISSUED: Feb 2, 2015

REVISED: N/A

I hereby authorize the St James Fire Department to check the Employment Reference(s) I have listed in my Application for membership. A photocopy of this document is as valid as the original.

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

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

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

STATE OF NEW YORK )

SS.:

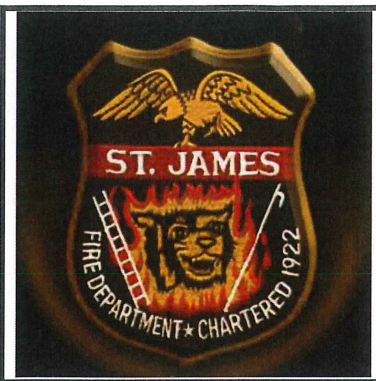
COUNTY OF )

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained

\_\_\_\_\_  
Notary Public (print)

\_\_\_\_\_  
Notary Public of New York State (seal)





<h1>ST. JAMES FIRE DEPARTMENT</h1>	
<h2>Policies &amp; Procedures</h2>	
<h3>Authorization to Check Personal References</h3>	
ISSUED: Feb 2, 2015	REVISED: N/A

I hereby authorize the St. James Fire Department Inc. to check the Personal Reference(s) I have listed in my Application for membership. A photocopy of this document is as valid as the original.

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

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

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

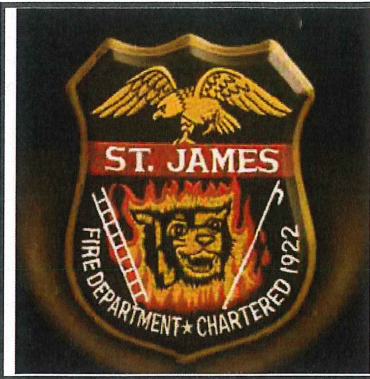
Signature of Applicant \_\_\_\_\_

STATE OF NEW YORK        )  
   SS.:  
 COUNTY OF                    )

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained

\_\_\_\_\_  
 Notary Public (print)

\_\_\_\_\_  
 Notary Public of New York State (seal)



# ST. JAMES FIRE DEPARTMENT

## Policies & Procedures

### Personal Reference Form

ISSUED: Feb 2, 2015

REVISED: N/A

Dear \_\_\_\_\_,

The person whose name appears below and on the attached Authorization Form has applied for membership in the St. James Fire Department and has given your name as a reference.

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

Will you please take a few moments to complete this form and return it in the enclosed envelope promptly? This is an important part of the application process and your cooperation is greatly appreciated. All information you provide is strictly confidential.

1. How long have you known the applicant?

Professionally: \_\_\_\_\_

Socially: \_\_\_\_\_

2. Do you feel that other obligations (family, business, other groups, etc.) could have a substantial effect on the applicant's ability to perform volunteer work with the St. James Fire Department?

\_\_\_\_\_

3. In your opinion, is the applicant reliable? \_\_\_\_\_

4. To the best of your knowledge, has the applicant had any physical or emotional problems, which could affect his/her ability to perform duties? \_\_\_\_\_

5. Has the applicant any special qualifications or limitations? \_\_\_\_\_

6. Any additional comments? \_\_\_\_\_

7. Your name: \_\_\_\_\_  
(Print) (Signature)

8. Date: \_\_\_\_\_

*Your cooperation is greatly appreciated. Thank You*