

Town of Watertown Fire Department
22825 Co. Rte. 67
Watertown, New York 13601
(315) 788-9101
(315) 788-9107 FAX
twfdoffice46@gmail.com

Please read and sign this application before submitting it. This application needs to be submitted at least two weeks prior to the Executive Board. In addition to submitting this application, an interview will be held at the Executive Board, which generally meets the first Wednesday of each month at 6:30 PM.

As part of the membership investigation procedure, a routine inquiry will be made which will provide applicable information regarding your character, general reputation, driving history and personal characteristics. Additionally, a Criminal Record Report will need to be completed prior to the Executive Board interview.

Any false answer or statement or implication made by an applicant on this application shall be considered sufficient cause for denial of membership or removal from the active roster of this department.

Applicants also need to understand that they will be required to attend and successfully complete the NYS BEFO (Basic Exterior Firefighting Operations) Class within the first year of membership, assuming class space is available. Members are also required to respond to fire/EMS calls and attend training, as outlined in our Constitution and Bylaws.

A signature by the applicant on this application certifies that the application has been completed by the applicant and is true and complete to the best of their knowledge. By signing this application the applicant hereby grants permission to the Town of Watertown Fire Department to conduct necessary background checks as described by the Board of Fire Commissioners.

**Permission to Obtain Driving Record and Background Check for Arson
Convictions, Sex Offender Database List, Felony, Misdemeanor or Traffic
Infractions and a Criminal Record Report**

The applicant understands that a normal part of the application process is to review the driving record of all members, prior to being approved to drive any department owned equipment. By signing and submitting this application, the applicant agrees on the driving record and background check being conducted both now, and in the future.

(Please Print Legibly)

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's License Number: _____ Issuing State: _____

Signature: _____ Date: _____ Recommended by TWFD Member: _____

Email Address: _____

Do Not Write Below This Line

Date Application Received: _____ Date Investigated: _____

Investigating Agency: _____ Executive Committee (Accept) (Reject)

Date: _____

This application is good for 6 months from the date submitted. An individual must be at least 18 years of age (16 years of age for Junior Firefighter membership) and obtain a physical (paid for by TWFD), before receiving any TWFD equipment and before responding to any calls.

Name: _____ Date: _____

Address: _____ Apt: # _____

City: _____ Zip: _____ Telephone: _____

Age: _____ Date of Birth: _____ Social Security #: _____

New York State Driver's License # _____

Have you ever been convicted of Arson: _____

Are you on any sex registry database: _____

Have you ever been convicted of a Felony, Misdemeanor or Traffic Infraction? _____

EMPLOYMENT:

Name of Employer: _____

Employer's Address: _____

Business Telephone: _____ Hours of Employment: _____

Length of Employment _____ Occupation: _____

MILITARY SERVICE:

Have you ever served in the United States Armed Services? _____

Branch _____ Type of Discharge _____ Rank at Discharge _____

EDUCATION:

High School _____ City and State: _____

Highest Grade Completed: _____

College: _____ City and State: _____

FIRE OR EMS TRAINING:

List below any fire schools, EMS courses and certifications: _____

PREVIOUS FIREMATIC EXPERIENCE: _____

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(315) 788-9101**

AUTHORIZATION TO OBTAIN CRIMINAL RECORD REPORT

MY FULL NAME IS: _____

MY SOCIAL SECURITY NUMBER IS: _____ - _____ - _____

MY DATE OF BIRTH IS: _____

I CURRENTLY RESIDE IN THE COUNTY OF _____

IN THE STATE OF _____

I HAVE LIVED IN THAT COUNTY FOR THE LAST _____ YEARS, _____ MONTHS

PREVIOUSLY, I LIVED IN THE COUNTY OF _____

IN THE STATE OF _____

I LIVED IN THAT COUNTY FOR _____ YEARS, _____ MONTHS

I AUTHORIZE THE **TOWN OF WATERTOWN FIRE DEPARTMENT** TO OBTAIN A
CRIMINAL RECORD REPORT ON ME.

Signature: _____

Date: _____