

St. Johnsburg Fire Company
7165 Ward Road, North Tonawanda, NY 14120

Application for Membership

Name of Applicant: _____ Sex M F

Home Address _____

How long at above address: _____ Home Phone: _____

Date of Birth ____ / ____ / ____ Age: _____ Place of Birth: _____

SSN: _____ Height: _____ Weight: _____

Drivers License ID# _____ Do you have any driving violations? Yes No

If yes, please list _____

Do you have any physical or mental conditions that may hinder your activities as a firefighter?
Yes No If yes, please explain: _____

Blood Type: _____ Do you have any allergies? Yes No

If yes, please list _____

Have you ever been convicted of a crime or are now under charges for any crime?
Yes No If yes, please list: _____

Have you ever belonged to a fire company before? Yes No

If yes, where and how long: _____

Do you have any special qualifications or skills? Yes No

If yes, please list: _____

Present Employer: _____ Tele: _____

Address: _____

What shift do you work? _____ Length of Employment: _____

Are you willing to respond to fire alarms, attend fire drills, and work Bingo's except as stated in Article XIII Section I of the constitution and By-Laws of the St. Johnsburg Fire Company, Inc. Yes No

Do you give the St. Johnsburg Fire Co. authorization to complete an arson check on you? If yes, please sign here: _____ Signature of Applicant Date

I _____ have read the Constitution and By-Laws of the St. Johnsburg Fire Company, Inc. and if accepted as a member will abide by them. I also here by certify that the above information is complete and correct to the best of my knowledge.

Signature of Applicant _____ Date

This application must be accompanied with a \$5.00 initiation fee and \$.25 for one month's dues in advance.

Recommended by: _____ Signature of member of the St. Johnsburg Fire Company

MEMBERSHIP COMMITTEE'S ENTRIES

Date of Interview: _____

Recommended for Acceptance Yes No

Remarks: _____

This application was voted upon at the company meeting held on _____ Date

The applicant was: Accepted as an active member Not accepted (Initiation fee and one month's dues are to be returned)

PLEASE TYPE ALL INFORMATION

DCJS-9 (1/91)

STATE OF NEW YORK
 DIVISION OF CRIMINAL JUSTICE SERVICES
 BUREAU OF IDENTIFICATION & CRIMINAL HISTORY OPERATIONS
 EXECUTIVE PARK TOWER - STUYVESANT PLAZA
 ALBANY, NEW YORK 12203-3764
 518 - 457-6051 (54)

CORRESPONDENCE INQUIRY

INSTRUCTIONS:

*This form is to be used only when a fingerprint card is not possible.
 Shaded boxes are required data elements.
 Item D - INDICATE SPECIFIC PURPOSE FOR INQUIRY:*

A. DATE		B. REQUEST FOR <input type="checkbox"/> Criminal Record <input type="checkbox"/> Other (Specify)		C. REQUESTING AGENCY (NAME, ADDRESS & TELEPHONE NO.)		D. REASON FOR REQUEST & CASE NUMBER	
1. NYSID NO.		2. NAME (LAST, FIRST, MIDDLE)		3. ADDRESS (LAST KNOWN)			
4. NICKNAME		5. ALIAS AND/OR MAIDEN NAME		6. SEX M <input type="checkbox"/> F <input type="checkbox"/>		7. RACIAL APPEARANCE White <input type="checkbox"/> Black <input type="checkbox"/> Am. Indian <input type="checkbox"/> Japan <input type="checkbox"/> Chin. <input type="checkbox"/> Other <input type="checkbox"/>	
8. SKIN TONE Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/>		9. HEIGHT Ft. <input type="checkbox"/> In. <input type="checkbox"/>		10. DATE OF BIRTH Mo. <input type="checkbox"/> Day <input type="checkbox"/>		11. AGE	
12. PLACE OF BIRTH		13. AGENCY ORI NO.		14. SOCIAL SECURITY NO.		15. FBI NO.	
16. DCJS AGENCY CODE NO.		16A. ADDITIONAL DATA (KNOWN CRIMINAL ACTIVITY, PHYSICAL ODDITIES, ETC.)		CONTROL DATA		17. NAME OF REQUESTING OFFICER	
						18. AUTHORIZED BY (SIGNATURE)	
						19. TITLE	

DCJS USE ONLY

RESULTS OF INQUIRY

DATE _____

NO CRIMINAL RECORD IN NEW YORK STATE

RECORD ATTACHED

1

OTHER (SEE REMARKS)

REMARKS:

This response is based on other than a fingerprint identification.