



## **New York Mills Fire Department**

1 Maple Street  
New York Mills, New York 13417-1225  
[www.nymfd.com](http://www.nymfd.com)  
Emergency DIAL 911- Business 315-736-9212 ext.230



Dear Applicant:

The Officers and members of the New York Mills Fire Department welcome your application. It will be reviewed and investigated by the Officers of the New York Mills Fire Department. This is a critical portion of the selection process, please answer all questions completely. If additional space is necessary use the back side of the section you are completing. The information requested shall be used solely and exclusively to assess your character and fitness for membership.

After you have completed this application, forward it in person or mail it along to;

New York Mills Fire Department  
Membership Committee  
1 Maple St.  
New York Mills, NY 13417

You will be notified by mail regarding the status of your application. You will be required to have a complete physical and meet with the Chief or his designated Officer, to receive some basic instructions regarding department policy before actively participating in any of our training or emergency response calls.

You will be required to serve as a probationary firefighter for one year, after which your record will be reviewed by the Officers. A recommendation will then be made to the members regarding you being accepted for membership. The recommendation will then be voted on. You will be notified of the outcome of the vote.

Included with this application is a copy of an ARSON CONVICTION RECORDS REQUEST to be filled out by the applicant pursuant to NEW YORK STATE EXECUTIVE LAW ARTICLE 35 § 837-o. Also a copy of the Code of Ethics of the New York Mills Fire Department has been included for your retention.

If you have any questions feel free to call the Chief or President at 736-1453.

**SECTION A**  
**Personal Data**

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

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

\_\_\_\_\_

Phone- Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Place of birth: \_\_\_\_\_

Are you a citizen of the United States? Yes No If no, give details;

\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Past Residences: List all places you have resided at for the past five (5) years.

Dates	Address
_____	_____
_____	_____
_____	_____

**SECTION B**  
**Convictions and Judicial Proceedings**

Other than traffic violations, have you ever been arrested, charged or convicted of any violation of Law in any jurisdiction? (including juvenile delinquency, youthful offender, or adjudication.)

No Yes If yes, list below

Date - Charge - Police Agency - Disposition

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all vehicles which are currently registered to you in New York: (included motorcycles, mopeds, etc.)

Plate # - Make - Type - Color - Registration Expiration

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all traffic tickets, citations, summonses, which you have ever received as an adult or juvenile. Begin with most recent. (if you cannot' remember exact dates or locations, give approximate information)

Year - Charge - City - State - Disposition

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## SECTION C

### Employment - Experience - Education

Beginning with your most recent employer, list all places of employment. List periods of school and military experience. Any degrees or diplomas received. Please keep in proper sequence, include a brief description of your duties and responsibilities for each job.

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Are you fluent in any foreign languages? Give details:

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### Driving History

List all driver's or chauffeur licenses you now hold or have previously held in New York or any other state:

Class/type of license - License number - Expiration date

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Have any of the above licenses ever been suspended or revoked:

No Yes If yes, give details

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Do you now have, or have you ever had, any physical or emotional disorder, or psychiatric condition which has impaired your ability to function in any employment?

No    Yes    If yes, give details:

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Do you use, or have you ever used, tried, or experimented with any narcotic, controlled substance, or other drug without a doctor's prescription? (including: marijuana, cocaine, LSD, hashish, peyote, heroin, opium, PCP, or any others)

No    Yes    If yes, give details:

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Do you now, or have you ever been addicted to the use of alcoholic beverages or been diagnosed as an alcoholic or been referred to and/or received treatment for alcoholism?

No    Yes    If yes, give details:

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## REFERENCES

Personal References - list four (4) persons who have known you for the past three years or more, (not relatives), past employers, or supervisors who are responsible adults, and who may attest to your character and integrity.

Name - Phone - Address - City - State - Zip

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Firefighter sponsoring applicant: \_\_\_\_\_

If it is determined that you falsified any information in order to gain an appointment as a New York Mills Firefighter, your membership will be terminated.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorization and release will be considered in determining my suitability for membership by the New York Mills Fire Department.

I, \_\_\_\_\_, am the person whom the foregoing application concerns. I have completed the application in my own hand and the answers I have given to each and every question therein are full, complete, true and correct, to the best of my knowledge. I have applied for membership with the New York Mills Fire Department. I am aware that my entire background may be thoroughly investigated. I hereby authorize and request the release of any information you have concerning me.

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

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

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### FOR DEPARTMENT USE ONLY

APPLICATION RECEIVED ON: \_\_\_\_\_ BY: \_\_\_\_\_ Secretary

REVIEWED BY OFFICERS ON: \_\_\_\_\_

PROBATIONARY STATUS STARTED: \_\_\_\_\_

6 MONTH REVIEW DUE: \_\_\_\_\_ 1 YEAR REVIEW DUE \_\_\_\_\_

BECAME ACTIVE FIREFIGHTER ON: \_\_\_\_\_

Ineligible to become member. Reason \_\_\_\_\_

**\*\*This application form was reviewed and accepted by the New York Mills Fire Department 1/94 and rev for a new address and computer compatibility 3/2006 (fjg). rev 8/26/2010 to remove application fee received (fjg)**



**New York Mills Police Department**  
**3 Maple Street**  
**New York Mills, New York 13417**  
**&**  
**New York Mills Fire Department Inc.**  
**1 Maple Street**  
**New York Mills, New York 13417**



**ARSON CONVICTION RECORDS REQUEST**  
 NEW YORK STATE EXECUTIVE LAW ARTICLE 35 § 837-o

*Print or type information AND submit with Authorizing Party's Original Signature*

I, the undersigned, hereby authorize the New York Mills Police Department to release to the **New York Mills Fire Department Inc.** any Arson Conviction records that may be associated with the Oneida County Sheriff's Office or the New York State Department of State Office of Fire Prevention and Control on file under the following name(s).

**Legal Name** \_\_\_\_\_  
 (Last Name)      PLEASE PRINT      (First Name)      (Middle Name)

Also Know as (AKA)   
 Maiden Name  \_\_\_\_\_  
 (Last Name)      PLEASE PRINT      (First Name)      (Middle Name)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver License # \_\_\_\_\_ State issuing \_\_\_\_\_  
 (if one is held)

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

It is understood that this search is of Sheriff and associated police Arson Conviction Records and may not include information from other police agencies. The authorizing party hereby agrees to indemnify and save harmless the New York Mills Police Department, the Oneida County Sheriff's Office, 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 liability for damages by reason of or arising out of any cause or action whatsoever, and against any loss, cost, expense or damages resulting there from, arising from or involving any negligence on the part of the authorizing party in execution of this Arson Conviction Records Search.

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

If any arson conviction

Arson Conviction Records Reveal ( YES / NO ) Arson Conviction Record Searched by: _____ Date: _____	Date _____	Agency _____
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## **Article XVI**

### **Code of Ethics**

The New York Mills Fire Department No. 1 is dedicated to the protection and preservation of life and property against fire and all emergencies and non emergencies to which this Fire Department has been called to.

. Towards this endeavor, I will, with due deliberation, work according to ethical principles consistent with professional conduct and:

- I will maintain the highest standards of personal integrity and be honest and straightforward in dealings with others;
- I will not participate in any improper activity which is likely to bring discredit to the reputation of the Fire Service, Chief Fire Officer or myself;
- I will place the safety of the community and firefighters above all other concerns and strive to protect the environment;
- I will ensure that lifesaving and other services are provided fairly and equitably to all without discrimination;
- I will maintain a standard of physical fitness commensurate with the requirements of my duties;
- I will be mindful of the needs of peers and subordinates and encourage and assist them freely in developing their skills, abilities, and talents to the fullest extent;
- I will foster creativity and be open to consider innovations that may better enable the performance of my duties and responsibilities;
- I will strive at all times for professional excellence.