

Chenango County Bureau of Fire

Application for Membership

Special Operations Teams

I. PERSONAL INFORMATION:

Name: _____ DOB: __/__/____ SSN: _____

Address: _____
(Street, Apartment #, PO. Box)

Address: _____
(City, Village, County, Zip Code)

Home Phone: _____ Work Phone: _____ Pager: _____

Cell Phone: _____ E-mail: _____

Driver's License No.: _____ Class: _____

Are you a citizen of the United States? ____ Yes ____ no

X-X

II. SPECIAL DOCUMENTATION REQUIRED:

Please attach a copy of the following listed documents to your application:

- NYS driver's license
- High school diploma or GED equivalency certificate
- Special certifications (Relative to team applied for.)
- Copy of Physical form

Completion of Criminal records checks release (Form Attached.)

III. EMERGENCY INFORMATION:

Name of Emergency Contact: _____

Relationship: _____ Daytime Phone: _____

Evening Phone: _____



IV. WORK INFORMATION:

Current Employer: _____

Employer Address: _____ Zip: _____

Brief Description of work duties: _____



V. EMERGENCY SERVICE INFORMATION (IF APPLICABLE)

Name of Department: _____ Years of service: _____

List Office's / Special Duties Held:

Date of last physical exam: ___/___/___

Examining Physicians name: _____

Related Training: Yes _____ No _____

List specifics: _____

_____, _____,
_____, _____.

BACKGROUND INFORMATION

1. Within the past 5 years have you been terminated, or resigned in lieu of termination from any position for reasons other than reduction in force?

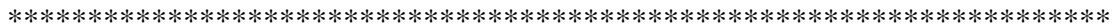
Yes No

2. Have you ever been convicted of a felony?

Yes No

3. Have you been convicted of a misdemeanor during the last 10 years?

Yes No



VI. TRAINING AND EDUCATION

A. High School: ___ Diploma ___ GED ___ Grade Completed

Name and Address of High School: _____

B. College:

Degree Received: _____

Years attended without degree: _____

Name / Address of College:

_____.

C. Work Experience: Please list your previous two employers starting with most recent.

1. Name and Address of Employer:

2. Duration of employment: Start date: __/__/__ to End date: __/__/__

3. Job Title: _____

4. Immediate supervisor: _____

5. Job Duties: _____

1. Name and Address of Employer:

2. Duration of employment: Start date: __/__/__ to End date: __/__/__

3. Job Title: _____

4. Immediate supervisor: _____

5. Job Duties: _____

VIII. Letters of Recommendation: Please supply with this application two letters of recommendation from persons listed below.

1- From your Fire Chief / Director of Operations / Supervisor

1- From a personal associate, non- relative

IX. Availability for Interview: Please indicate the most convenient time of day for you to attend a team member interview.

_____ Morning

_____ Afternoon

_____ Evening

CERTIFICATION OF INFORMATION:

I _____ have read and understand the requirements for membership to the _____ Team and certify that all the information that I have provided on this application is true and correct. Furthermore, I agree that any County property assigned to me will be properly maintained while in my possession and returned in the condition as was originally issued at the time I conclude my membership on the team.

_____ Signature

_____ Date

Please return this application with attachments to: Chenango County Fire Coordinator
ATTN: Special Teams
279 County Rd 46
Norwich, NY 13815

Direct any questions to: Harold Ives Car 7
Deputy Fire Coordinator 607-327-0963
countycar7@frontiernet.net

**CHENANGO COUNTY SHERIFF'S OFFICE
CONSENT AND RELEASE BY INDIVIDUAL**

I, _____, residing at _____,
_____, New York, hereby request, authorize and direct that the Chenango
County Sheriff, his deputies, employees and agents conduct a review of any and all records
regarding me to which the Sheriff's Office has access, either directly or indirectly, and to report,
release and/or divulge the results of said investigations in a form and manner as the Sheriff, his
deputies, employees or agents, as in his, her or their sole discretion, deem appropriate to the
following person, organization or entity:

I acknowledge, understand and agree that the accuracy of any said information is not subject to control of the Sheriff's Office. I further acknowledge, understand and agree that the Sheriff's Office has no control over the use of any information once released and cannot control and re-release or further dissemination of said information provided pursuant to this Consent and Release.

Further, I do hereby release, remise, and discharge the said Sheriff, his deputies, employees and agents and the County of Chenango, its officers, agents and/or employees of and from any and all causes of action, suites, claims, liability., damages and any demands whatsoever, in law or in equity, which I ever had, now have or which my legal representative or future grantees of title shall or may have by reason of matter, action, failure to act or thing whatsoever and particularly, but not limited to, the acts or omissions of the Sheriff's Office in regard to this Consent and Release.

Further, I agree to indemnify and hold harmless the Sheriff, his deputies, employees and agents, the County of Chenango, its officers, employees and agents from and against any and all claims, loss, or expense including legal cost, that may arise by reason of liability or damage, injury or death, or for invasion of personal or property rights, of every name and nature, and any other claim for damages arising at law and equity alleged to have been caused or sustained in whole or in part by or because of any omission of duty, negligence or wrongful act on the part of the Sheriff's Office and the County of Chenango in connection herewith.

Dated:

Signature:

Printed Name:

Maiden name or alias:

Date of Birth:

Social Security #:

Acknowledgment

State of New York)

County Of Chenango):SS:

On this ____ day of _____, 20____, before me, the subscriber, personally appeared _____, to me known and known to me to be the same person described in and who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same.

Notary Public