#### Tully Hose Co. #1

1 Railroad St. Tully N.Y. 13159

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Phone: 315-696-6414 Fax: 315-696-8396

#### Application for Volunteer Membership **Questionnaire** Page 1

NOTE: Please print all answers for better readability.  Name:		
Current Local Home Address:		
Mailing Address (if different):		
Telephone Numbers: Home( ), Cell:( ), Work:( )		
Email: D.O.B		
1. What position(s) are you initially interested in becoming qualified and perform?  Interior Firefighter Fire Apparatus Operator Scene Support (Exterior Firefighter) Fire Police		
2. Have you reviewed the requirements for the position(s) which you are interested? (circle:) (Please see the list of physical requirements and position details)	YES	NO
3. Can you perform the functions for at least one of the positions in which you are interested, with or without reasonable* accommodation?*  * The Tully Hose Company #1 reserves the right to determine what is reasonable.	YES	NO
4. Are you at least 18 years of age?	YES	NO
5. Are you a citizen of the United States?	YES YES YES	NO
6. Do you possess a valid NYS Driver License?	YES YES ency cal	NO

7. Do you have regular access to a motorized personal vehicle?					
List	ong have you lived at your present address?				
———	FIOIII				
9. How	ong have you lived in the Tully area? approxi	mately years			
If I	ou intend to continually reside in the Tully area for the next 4 years? , will/are you attending college elsewhere, move often for work reason ssary, please answer on another page and attach to this application.				
	is your current employment and previous employment for the last 2 year Address Position Dates	ears?			
	is your highest grade/level of education completed?				
	is your military experience in the US Armed Forces or National Guard				
 Di	you receive a honorable discharge?	YES NO			

Your Name:	
14. Have you ever been convicted of or plead to arson or attempted arson in any degree? YES	NO
15. Have you ever been convicted of or plead guilty to a felony?	NO
Provide offense convicted of:	
Date of conviction:	
Have you obtained a Certificate of Relief from Disabilities?	NO
16. Do you have any pending criminal charges?	NO
17. Have you ever applied to and/or been a member of any other fire department or ambulance service, whether paid or volunteer?	NO
NOTE: Please list the highest position held with that agency or the status of your application(s) as it was either "declined" or "withdrawn".  Agency City, State Position or Status Dates	
18. Please list relevant certifications (with expiration dates), training or other skills, that may be release list relevant certifications (with expiration dates), training or other skills, that may be released to the performing this job:	evant to
19. Please provide three character references we may contact: Name Address Phone Relationship	
20. If a current member of this fire department referred you to apply, who was it?	

21. How did you hear about this recruitment campaign? (Check all that apply.)					
[] Open House	[] Table Campaign	[] Lawn Signs	[] Large Banners		
[ ] Referral	[ ] BBQ	[] Media/Publicatio	n		

Other:	
By signing below, I hereby certify that all of the respo	nses are true and correct to the best of my
knowledge. I understand that any omission or misreprejection or expulsion. I understand an ARSON HIST Executive Law §837-o) by the Onondaga County Sherrejected if arson is present on that record. I also hereby	esentation by me on this application may cause ORY CHECK will be conducted (per NYS iff's Department and my application shall be consent to a full CRIMINAL BACKGROUND
CHECK being conducted and the results considered as	s part of my application.
Signature of Applicant	Date
Name of Applicant (Print Please)	