

City of Hudson – Department of Fire

520 Warren Street
Hudson, New York 12534

Standard Operating Procedure Membership Application Process

Revised January 15, 2014

The intent of this procedure is to insure each candidate for membership of the Hudson Fire Department is investigated and processed identically. It is also to insure each candidate complies with New York State Law, OSHA requirements, and all other regulating laws, rules and regulations that may apply.

The definition of a candidate for membership is; any person who is not currently an active member of the City of Hudson Fire Department. Explorers, Social or Honorary members are not recognized as members of the department and will be required to follow the application procedure if they choose to be appointed as an active member.

Information received from FOIL (Freedom of Information Law) requests, interviews with references, and the application itself will also be used to determine if the candidate will be able meet the demands and uphold the integrity of this department.

Only after the completion of this application process will, a new member be issued equipment and be allowed to attend department related activities.

Failure to provide information as requested on the application, providing false information, or failure to authorize release of information shall result in denial of the application.

Application Instructions

The application will be issued to the candidate in the packet provided. The issuing member, preferably a Line Officer, should inspect the packet to insure all forms named on the checklist are included. They are:

- Application Checklist
- Department Application
- DCJS 9 form - request for Arson background check
- 4 (four) Notarized copies of Applicants Authorization to Release Information Form

Checklist

The application checklist will be completed for each step of the process. It shall remain with the packet at all times.

Department Application

Company Name – Name of the Company to which the applicant is requesting membership

- (1) Name – legal name of the applicant
- (2) Address – physical address where the applicant resides AND a Post Office Box if the applicant does not accept mail at his/her residence.
- (3) Telephone – phone number to applicant's residence

Questions 4 – 6 – self explanatory

- (7) Alias, AKA's – any other name used by the applicant. If the applicant's last name is taken in marriage, provide a maiden name.
- (8) Yes or No
- (9) When will the applicant be available for meetings, training, physicals, alarms, other activities?
- (10) Prior Emergency Service Experience – if the applicant has ever been a member of any other fire or rescue organization, they must list the agency. These agencies will be contacted as a reference. **Failure to list an organization to conceal prior membership will result in a denial of the applicant.**
- (11) Armed Forces information
- (12) Yes or No – If Yes, have applicant explain on the sheet provided
- (13) Three (3) references. Provide accurate phone numbers and addresses for each
- (14) Anyone the applicant knows who is a current member of this department

Applicant Signature and Date

Witness (proposer) Signature – be sure the name is legible.

Release of Information Form

All four (4) copies must be **signed and notarized**

DCJS Arson Conviction Request Form

Must have a minimum of Name and Date of Birth and Social Security Number

Instruct the applicant to return the application packet (completed) to a Line Officer of the Company to which they are applying.

The officer handling the application should immediately turn the packet over to the Commissioner, Fire Chief or an Assistant Chief to insure the information requests are processed promptly. A copy of the basic application will be provided for company use, if requested.

The Chief or Assistant Chief will cause a personnel file to be created at the Fire Department Office in the name of the applicant. Within five (5) business days of receipt of the application, the following will occur:

- One copy of each of the notarized Authorization for Release of Information Form may be forwarded to the following:

Hudson Police Department
Columbia County Sheriff's Department
Police agencies with jurisdiction over prior addresses for the candidate
Prior Emergency Services organization(s)

- DCJS Request for Arson History Check will be taken to the Columbia County Sheriff's Department and processed accordingly.

- Attempts will be made to contact references by phone within ten (10) days of receipt of the application. If phone contact can not be made, a reference will be mailed. Phone reference results will be noted on the back of the application.
- Upon completion of the above steps, a form indicating a favorable or non favorable finding will be determined by the Commissioner of Fire and/or the Chief of the Fire Department. If the application is deemed unfavorable by the Fire Commissioner or the Fire Chief, the applicant will not be allowed to obtain active membership status within the Department. The reason for such denial will be kept at the Department Office within the personnel file generated for the applicant as required by law.

Acceptance

Upon acceptance into a company, a Line Officer will have the new member complete a Department Data Collection Sheet. This sheet will be placed in the application packet and forwarded to the Fire Chief or an Assistant Chief. The packet will then be forwarded to the Medical Officer so a physical examination can be scheduled for the member.

UNDER NO CIRCUMSTANCES are keys to buildings to be given to the candidate until the application process has been completed, and a favorable finding is documented.

Personal Protective Equipment will only be supplied when the when the Medical Officer is advised that the member is physically fit for duty. Under no circumstances is the candidate to answer calls or participate in drills until this determination is made.

City of Hudson - Department of Fire

Application Checklist (To be completed by and Officer)

- Application filled out completely (If incomplete, will be denied)
- 4 Copies of Release of Information Form signed and dated (If missing, will be denied)
- DCJS Arson Check Form completed and signed (If missing, will be denied)
- Application received by _____ (Chief Officer or Commissioner) on _____, 20____.
- Application forwarded to _____ for background investigation on, _____, 20____.
- Application has been** (to be completed by a Chief Officer or Commissioner of Fire)
- Approved on** _____, 20 ____ **by** _____
- Denied on** _____, 20 ____ **by** _____
- Reason** _____
- Accepted by (name of company) _____ on _____, 20____
- Denied (return all paperwork to a Chief Officer) on _____, 20 ____

** If applicant is accepted, forward all above paperwork, in addition to a Department Data Collection Sheet, to a Chief Officer. Also advise the new member the Medical Officer will be contacting him/her to schedule a physical. Only after a physical has been completed will the applicant be issued equipment and be allowed to answer alarms or drills.

- Department Data Collection Sheet included.
Paperwork received by _____ on _____, 20 ____
(Chief Officer)
Physical Scheduled _____ on _____, 20 ____
(Medical Officer)
Result (Class A or other) _____ on _____, 20 ____

Turnout gear and equipment issued by _____ on _____, 20 ____

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APPLICATION FOR MEMBERSHIP

What Fire Company within the Hudson Fire Department would you like to join? (Circle One)

J.W. Edmonds Hose #1 H.W. Rogers Hose #2 C.H. Evans #3 J.W. Hoysradt #8

Date _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt./Suite #)

(City, Town, Village) (State) (Zip Code)

3. Telephone () _____ () _____
(Home) (Work)

4. How long have you resided at the above address? Years: _____
Months: _____

5. How long have you resided in New York State? Years: _____
Months: _____

6. Are you 18 years of age or older? Yes _____ No _____ If NO, state your age _____

7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership?
Yes _____ No _____

If yes, explain

Are you currently employed? Yes _____ No _____

If yes, give employer information below. May we contact your employer as a reference?
Yes _____ No _____

Name of Company Address

Telephone _____

8. Do you have a VALID New York State Drivers License? Yes _____ No _____
If Yes list the Class and Client ID Number _____

9. Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls)

Weekdays:
Days _____ Evenings _____ Nights _____

Weekends
Days _____ Evenings _____ Nights _____

10. Previous emergency services experience: (include only fire, rescue, police and emergency medical service agencies).

Name of Agency _____

Address _____

Contact
Person _____ Telephone _____
(If more space is needed, please identify on attached sheet)

12. Have you ever been a member of the United States Armed Forces? Yes _____ No _____

If the answer is Yes, did you receive a dishonorable discharge? Yes _____ No _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.

If the above answer is yes, give complete details in the space provided for additional information on the last page (include service branch and service dates).

13. Have you ever been convicted or pled guilty to a felony or misdemeanor?
Yes _____ No _____

If yes, give details on the attached sheet.

14. Please list three personal references, **other than members of this organization**, who have know you for at least three years. Provide accurate mailing address.

A. Name _____ Telephone _____
Address _____

B. Name _____ Telephone _____
Address _____

C. Name _____ Telephone _____
Address _____

15. Please list the names of acquaintances that are members of this organization

16. OSHA regulations require that you pass a physical examination before becoming an active firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination?

Yes _____ No _____

17. Have you ever been subject of an investigation regarding inappropriate conduct with a child under the age of 17? Yes _____ No _____

If Yes, please describe _____

18. Within one year of appointment to the Hudson Fire Department you are required to complete Firefighter 1 certification offered by the New York State Office of Fire Prevention and Control. This class is normally conducted over a 16 to 20 week period and is held weeknights and may require attendance on an occasional weekend day. Please initial below to indicate you understand this requirement.

Initials

ADDITIONAL INFORMATION

Within the Freedom of Information Law, all information contained/or obtained herein will remain confidential and will be used only for internal membership processing.

In witness whereof, this application has been subscribed this _____ day of _____, 20____ by the undersigned application who affirms that the statements made herein are true under the penalties of perjury.

(Applicant Signature)

(Date)

(Witnessed by)

(Date)

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information, which will be maintained in a record system, is collected from you.

The authority to request and confirm personal information on you is found in Article 6 of the Executive Law.

The information obtained will:

- be used to determine your qualifications for the position for which you are applying;
- be released to the Fire Chief and your potential supervisors;
- be maintained in your personnel file (if you become a fire department member) or in our resume file for six months (if you are not a fire company member);
- be used to determine an active status of your NYS drivers license;
- be supplied to any law enforcement agency should they conduct a duty related investigation;

Failure to provide the information or authorization will result in your application not being considered for membership.

This information will be maintained at the City of Hudson Department of Fire offices located at 77 North 7th Street. Hudson, New York 12534

Sworn to me this _____ day of _____, 20_____.

Notary Public
State of New York

City of Hudson – Department of Fire

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the City of Hudson Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military service to disclose their relevant records about me to the City of Hudson Fire Department whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any further information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Applicant Name – Please Print

Applicant's Signature

Date

Witnessed by:

Name and Title – Please Print

Signature

Date

Sworn to me this _____ day of _____, 20_____.

Notary Public
State of New York

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Date

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State of New York

