



# BAYPORT FIRE DEPARTMENT

INCORPORATED  
251 SNEDECOR AVENUE  
BAYPORT NY 11705-1762  
(516) 472-0641  
Over 100 Years of Dedicated Service

## Application For Membership

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

### Personal Information

\_\_\_\_\_  
Last Name                      Middle Name                      First Name                      Social Security number

\_\_\_\_\_  
Street Address                      City                      State                      ZIP Code

Type                      Phone Number  
\_\_\_\_\_  
\_\_\_\_\_  
E-Mail Address  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Info	
Name	_____
Number	_____
Name	_____
Number	_____

### Personal Info

Date of Birth \_\_\_\_\_  
Spouces Name \_\_\_\_\_  
 YES     NO  
Have you ever applied here before?                      If yes, give date. \_\_\_\_\_

Medical and Allergy info  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Doctors Name & Number  
\_\_\_\_\_  
Blood type

### Addresses for past 6 months

\_\_\_\_\_  
Previous Address  
\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Previous Address  
\_\_\_\_\_  
City                      State                      Zip

### Accident History & Traffic Violations

License No.                       CDL  Yes  No

Most Recent Accident                      2nd Previous Accident                      3rd Previous Accident

Date	_____	_____	_____
Nature	_____	_____	_____
Fatallities	_____	_____	_____
Injuries	_____	_____	_____

Traffic Convictions (other than parking) Attach seperate sheet if needed

\_\_\_\_\_  
\_\_\_\_\_



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Safe driving awards you hold and from who? \_\_\_\_\_

## Skills

.....  
.....  
.....  
.....

If applicable to the position for which you are applying, indicate knowledge of the above skills or machines.

.....  
.....  
.....  
.....  
.....

\*Explain other skills and/or list additional skills, aptitudes, or educational courses/degrees you have.

## Education and Training

	High School	College/ University	College/ University
Name:			
Location:			
Date Attended From:			
Date Attended To:			
Major:			
Degree:			
Date of Degree:			

.....  
.....  
.....  
.....

List other job related training, scholastic honors, and vocational and/or professional information.

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## Experience

	Present or Most Recent Employer	Previous Employer	Previous Employer
Company:			
Address:			
Your Job Title:			
Date Employed From:			
Date Employed To:			
Reason for Leaving:			

## Past Fire Department History:

Have you ever been a member of another fire department or ambulance corp, paid or volunteer?

YES  NO

\*\*If yes, please fill out below, most current first.

	1	2	3
Dept. Name & Phone			
Date Joined			
Date Left			
Reason left			
Positons/Offices held			
Committees			
Other			

## References

	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Phone:			



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Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Physical Limitaions:

List any limitaions( eyesight, limb, impairment, color blindness)

.....  
.....  
.....

Are you capable of heavy work?  Yes  No Last Physical Exam \_\_\_\_\_

Doctor's Name and Address: \_\_\_\_\_

Have you ever been injured on the job?  Yes  No

Please give nature and degree of such injuries?

.....  
.....

How much time have you lost from work in the last 3 years? \_\_\_\_\_

Have you received workers compensation?  Yes  No When ? \_\_\_\_\_

How were you referred to this organization?

Applicant: Please read below prior to signing and remember to fill out and sign the records check form.

This certifies that this application was completed by me and that all entries and statements on it are true and completed to the best of my knowledge and ability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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Signature of Applicant

Date

***Do not fill out below this line, for investigation committee only***

Investigated by:

Recommendation

First Reading	<input type="text"/>
Second Reading	<input type="text"/>

**Comments**

Badge \_\_\_\_\_ *To be assigned and entered by department recording secretary.*



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To whom it may concern,

Please consider this a formal request to have a background check completed on the below named person.

John Hoek  
First Assistant Chief

Date:

I hereby authorize the Suffolk County Police Department to perform an arrest records check, including sealed records, if any, and I authorize the release of this information directly to the above named Fire Department.

_____		
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
_____		
<b>Home Street</b>		
_____		
<b>Home City</b>	<b>Home State</b>	<b>Home ZIP Code</b>
_____		
<b>Date of Birth</b>	<b>S.S. #</b>	
_____	_____	

\_\_\_\_\_  
Signature

Sworn before me this  
Date: \_\_\_\_\_



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Notary Public

Dear Applicant,

Thank you for your interest in becoming a Bayport Firefighter. The volunteer career you are about to embark on is a very challenging and rewarding experience. Please read and fill out this application carefully and return it with a \$5.00 application fee. (This fee may be waived if you are or have been a member of the Bayport Junior fire department.)

You will be contacted by a chief to schedule a "investigation meeting". This meeting is to let some of the Department officers meet with you, get to know you, and explain to you how we operate.

Requirements to join the Fire Department are as follows:

- 1) You must be 18 years or older (unless you are a Junior/Explorer)
- 2) You must have a 6 month residency requirement.
- 3) You must be physically able to perform firefighter duties.

If you are over 45 years old or you have a letter from your Physician that states you are physically unfit to serve as a firefighter, you may opt to join the Fire Police Company. The requirements are as follows:

- 1) Complete the Suffolk County Fire Fighting Course. Passing the final test is necessary.
- 2) Complete the Bayport Fire Police course, with Suffolk County or equal.
- 3) Complete the abbreviated the Bayport Fire Department Fire Fighting Course.

Transfer members from other Fire Departments, volunteer or career, are allowed to immediately apply. (Waiving the residency requirement.) You must produce a letter from your former department stating your credentials.

**After these requirements are met, the applications goes through the following five steps:**

- 1) Initial reading at the Bayport Fire Department monthly meeting on the first Friday of the month.
- 2) You must receive a physical from the Department designated Physician, with a signed affidavit. This will be given to you upon receipt of your completed application. The exam is paid for by the Bayport Fire District.
- 3) During the month, you will be contacted by the investigation committee consisting of a Chief and an officer from each of the companies. You will be told of the requirements, rule and regulations about this organization. At this meeting your training requirements will be discussed as well as what your intentions are.
- 4) Upon approval of the investigation Committee, your application goes to a vote by the Department Membership at the next regular meeting held on the first Friday of each month.
- 5) Upon approval of the Department, your application will be turned over to the Bayport Fire District for final approval. (the meeting is held the following Monday)

If all goes well, you should be able to begin responding that evening. As you can see this process takes about 2 months. This may seem like a long time, nut we find that this process works best for us. If you have any questions, please feel free to contact any Chief at 472-0641.

Thank you for your interest and we hope everything goes well. We are anxious to have more unselfish dedicated people like yourself.

Firematically,  
Dave Henrich  
Chief



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