



Village of Medina Fire Department

600 Main Street * Medina, New York 14103

Todd J. Zinkievich
Fire Chief
Michael G. Maak
Fire Captain
Raymond J. Morgan
Fire Captain

Business Phone 585-798-1661
Emergency Call 911
Fax Number 585-798-1610
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Application for Call Firefighter

Dear prospective member,

Thank you for your interest in joining the Medina Fire Department! Please complete the following application packet and return it to Career Firefighter Jerry Lewis, Jr., Recruitment and Retention Coordinator.

Your Application for Membership Includes:

- Call Firefighter Application
- Consent for Criminal Background Check
- Consent form to voluntarily submit to drug testing

The entire application must be completed for consideration.

Again, thank you for your interest. Should you have any questions, please feel free to contact Firefighter Lewis at the contact information above.

**Village of Medina Fire Department
Application for Call Firefighter Membership**

Date: _____

1. _____
(Last Name) (First Name) (Middle Initial)

2. _____
(Address/include apartment # if applicable)

3. _____
(Date of Birth) (Social Security #)

4. Telephone # _____
(Home/include area code) (Work/include area code)

5. How long have you resided at this residence? Years _____ Months _____

6. 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" please explain _____

7. Are you currently employed? Yes _____ No _____
If "yes" give employer information below.
Name of Employer: _____
Address: _____ Telephone # _____
Name of current supervisor: _____

May we contact your employer as a reference?
Yes _____ No _____

8. Do you have a New York State Driver License? Yes _____ No _____
If "yes" please print your driver license ID # _____

9. Indicate your availability to participate in normally required fire department activities (emergency calls, drills of instruction, county training, EMS training, ect.)
Week Days:
Days _____ Evenings _____ Nights _____
Weekends:
Days _____ Evenings _____ Nights _____

10. List all previous Emergency Services experience: (include fire, rescue, police, and emergency medical service agencies). If more space is needed, please use "Additional Information" sheet on page #4.
Name of Agency: _____
Address: _____
Contact Person: _____ Telephone # _____

11. Have you ever been a member of the United States Armed Forces? Yes____ No____
If "yes" did you receive and Honorable Discharge? Yes____ No____
If "no" please give complete detail in the space provided on page #4 where
"Additional Information". Be sure to include branch of service and dates.

12. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance
fraud, arson, or any like offense? Yes____ No____
If "yes" please provide details I the space on page #4 for "Additional Information"

13. List three personal references, other than members of the Medina Fire Department
with whom you have known for at least three years.

a. Name:_____ Telephone #_____
Address:_____

b. Name:_____ Telephone #_____
Address:_____

c. Name:_____ Telephone #_____
Address:_____

14. List the names of any acquaintances who are members of the Medina Fire Department:

15. The Occupational Health and Safety Association-OSHA requires that you pass a
physical before becoming an interior structural fire fighter. The department's designated
provider for these physicals will perform such physicals at no expense to you.

Will you be willing to undergo such a medical exam? Yes____ No____

16. Education experience:

a. Do you hold a high school diploma/GED? Yes____ No____
Name/address of high school/ GED program:_____

b. Have you earned college credits or have college experience? Yes____ No____
Name/address of institution: _____
Degree Earned/Date or Credits Completed: _____

c. Do you presently have a valid NYS EMT card/certification? Yes____ No____
If "yes" please give card number: _____ Level: _____
Location at which you took class for this certification: _____

Criminal Background Release: To be completed and signed by the applicant.

As part of the application process for employment through the Medina Fire Department, a Criminal Background clearance is required. I, _____, residing at _____,

authorize the Medina Police Department or the Police agency with in jurisdiction of my current residence or previous listed residence, to conduct a Criminal Background Clearance and to release this information to the Medina Fire Chief or Captain and the Medina Village Board of Trustees for the purpose of fulfilling the above requirement. I hereby release the Media Police Department, or Police Agency conducting this Criminal Background check, the Medina Fire Department, the Medina Village Board of Trustees, and any authorized individual from all liability for damages, whatsoever in nature, which may result from this background investigation.

Date of Birth: _____ Social Security Number: _____

Please list any other names or aliases by which you have been known:

Signed: _____ Date: _____

Privacy Notification

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

The authority to request and confirm personal information about 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 or Fire Captain and other potential supervisors; and
- Be maintained in your personal file (should you become a member).

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

This information will be maintained by:

Fire Chief
Medina Fire Department
600 Main Street
Medina, New York 14103.
Telephone number 585-798-1661

Informed Consent and Release of Liability for Drug Test and/or Alcohol Testing

In compliance with the Village of Medina Drug/Alcohol Policy, I hereby give my voluntary consent for a urine sample and/or saliva sample to be collected from me for chemical analysis. I understand the purpose of this analysis is to determine the presence or absence of alcohol and /or unlawful drugs in my body. I also understand that any positive result or refusal to take or cooperate with the test will preclude my employment with the Village of Medina.

I further consent to the release of the results to the Village of Medina personnel for use in evaluating my potential employment with the Village. I understand that a chain of custody exists to ensure the identity and integrity of my specimen and that information with respect to this test will be kept confidential, except to the extent required by the Village to evaluate my employment. I further agree to hold the Village of Medina harmless for the use and the results of this test, and to release the Village of Medina from any liability or claims arising from this test.

I state that the following sets forth all prescription and non-prescription medications I am taking or have been prescribed by my physician at the time of the test: _____

At the time of application, this form must be signed and dated by the applicant to insure that you are aware of Drug/Alcohol Testing.

This form will be taken by the applicant to the physician's office at the time of testing

Applicant's Signature

Date

Authorizing Witness Signature

Date

Physician's Signature

Date