

All Applicants

If you become a member of our department how much time do you
Feel you will have to serve per week??
Are you available night time or day time??

The Selden fire department is one of the busiest fire/ems departments in all
of Suffolk County.

Before an application can be processed please make sure that all paper work
is filled out completely.

A copy of your New York STATE driver's license that state's your current
address no PO boxes will be accepted

A Certified check for the amount of 75 dollars is made out to
SELDEN FIRE DISTRICT

Police abstract paper work is signed and NOTARIZED!!!!!!!!!!!!!!

Application must be filled out in full with reference's phone number

Just note that if all paper work is not completed it will hold up the process of
joining the dept.

Selden fire department screening committee

Selden Fire Department



WOODMERE PLACE

SELDEN, NEW YORK

Prospective Member,

Thank you for taking the time to pick up our application packet. Enclosed you will find several forms to be filled out. We have a sincere appreciation for you taking the first step to joining the department. We understand that in today's climate, volunteering at your local fire department often times is not on the forethought of many citizens. This being said the screening committee of the Selden Fire Department would like to make sure that you have an understanding of what is to be expected of you. The Selden Fire Department is one of the business Fire/EMS departments in Suffolk County, **we average about 3,500 calls the majority being EMS.** New members will be required to ride the ambulance for the first 5 years of membership. **You are expected to make 30% of alarms to be considered in good standing,** as well as attend meetings and trainings. Emergency operations are physically and mentally demanding. It is important that you discuss these activities with your doctor. If you have any health issues, (e.g. injuries, medications) either permanent or temporary that could interfere with Your well-being on an emergency scene, you need to be honest about your capabilities. The firehouse is not an escape from responsibilities and problems. We encourage you to talk with your family and about your involvement with the discuss expectations. While there are many rewards to volunteering, there is a lot of required time and dedication that should not be taken lightly.

Please be sure all forms are completely. Membership votes occur on the first Monday in each month. If you have any questions please feel free to email us at screening@seldenfd.com



SELDEN FIRE DISTRICT



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 Selden Fire District, to be held by them as agent for the Fire Department. I authorize the Selden Fire District to release any information to the Fire Department that they, in their sole and exclusive discretion, feel is pertinent.

NAME _____

ADDRESS _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

SIGNATURE _____

A copy of your NYS Photo Driver's License must be included with this request.

STATE OF NEW YORK
COUNTY OF SUFFOLK

SWORN TO before me this
_____ Day of _____ 200

NOTARY PUBLIC



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible. mail to: Sullivan county Sheriff's Office
Detective Peter Ramos 4 Bushnell Ave. Monticello, NY 12701
Shaded boxes are required data elements.

01.01.15

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME: SELDEN FIRE DEPT

FIRE CHIEF NAME: EX CHIEF JOHN BARTNIK SIGNATURE:

ADDRESS: 44 WOODMERE PLACE SELDEN NY 11784

TELEPHONE NUMBER: (631) 732-5570

FAX NUMBER: (631) 732-0524

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M

F

5. RACIAL APPEARANCE

White

Black

Indian

Asian

Unknown

Other

6. ETHNICITY

Hispanic

Not Hispanic

Unknown

7. HEIGHT

Ft.

In.

8. DATE OF BIRTH

Month

Day

Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
(PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

☐ NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION

☐ CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER

SELDEN FIRE DEPARTMENT

SELDEN, NEW YORK

Application and Questionnaire for Membership for the Selden Fire Department

EMS _____ FIRE _____ FIRE POLICE _____ Date _____

1) Name _____ Age _____ SS# _____

2) Address _____ How long have you lived in the District? _____

3) Phone # _____ Date of Birth _____

4) U.S. Citizen? Yes _____ No _____

5) Do you have a N.Y.S Drivers License Yes _____ No _____

(SUBMIT COPY OF LICENSE WITH POLICE ABSTRACT) LIC# _____

6) In Case of Emergency Notify:

Name _____

Address _____

Phone _____

7) Have you ever filed a compensation claim or received benefits as result of industrial injury or disease?

If yes give details _____

8) Has your work ever been limited or restricted because of your health? _____

9) Have you any physical complaint, impairment or disability? _____

10) Education: Check Schools Completed: High School _____ College _____

11) Are you presently employed? Yes _____ No _____

Name of Employer _____

Address _____

Phone# _____

12) If less than one year give name of previous employer:

Name of Employer _____

Address _____

Phone# _____

Position Held _____

13) List (2) references other than relatives.

Name _____

Name _____

Address _____

Address _____

Phone# _____

Phone# _____

14) Have you served in the Armed Services? Yes _____ No _____

Branch _____

Type of Discharge _____

15) Have you ever been a member of any Fire Department or Community Ambulance?

Yes _____ No _____

If Yes list which one/s _____

Reason for leaving? _____ Date left? _____

16) Have you ever been Rejected by or Dismissed from any Fire or EMS Department?

If so List _____

17) What organizations do you presently hold membership in, if any? _____

18) Do you have any Firefighting experience or training? If so List _____

19) Do you have any Medical experience or training? If so List _____

* Submit copies of all certificates

20) Have you ever been convicted of a crime (Felony or Misdemeanor)?

Yes _____ No _____

If yes explain _____

21) Are there any criminal charges pending against you? Yes _____ No _____

If yes explain _____

22) List Counties in which you have lived? _____

Please state the reason for joining the Selden Fire Department: _____

I hereby swear that my answers to all the questions of this application are true to the best of my knowledge and belief.

I herewith give permission to the Selden Fire Department. I will cooperate in any such investigation relative any such investigation relative to the consideration or my application for membership in the Selden Fire Department.

State and Federal Laws prohibit discrimination based on Race, Color, Creed, National Origin, sex, Disability.

I understand that any false statement or omission of material fact, may be sufficient cause for rejection of my application, OR DISMISSAL AFTER BEING ACCEPTED as a member of the Selden Fire Department.

I agree to a physical examination by a Fire District Physician and to have results reported to the Fire District.

Signature of Applicant

Date

*A fee of Seventy Five Dollars(\$75.00) must accompany this application and will be returned if the application is rejected

* Certified check is to be made out to Selden Fire District (NO PERSONNEL CHECKS)

* If less than one year, do not complete application otherwise directed to do so.

Department Use Only

	Received	Date	Initials
Application with Check	_____	_____	
Driver License	_____	_____	
Criminal Abstract	_____	_____	
Letters or Recommendation (FD or EMS)	_____	_____	
Firematic Certificates	_____	_____	
Medical Certificates	_____	_____	
Committee Meeting	_____	_____	
Department Vote	_____	_____	
Medical Physical	_____	_____	
Sexual Harassment	_____	_____	_____
Bylaws	_____	_____	_____
Code of Ethics	_____	_____	_____
Procedures	_____	_____	_____
Board of Fire Commissioners Vote	_____	_____	

~~Department Swearing in~~

Selden Fire Department/ Selden Fire District
Selden, New York

(This page is for Department and District use only)

Date Received _____

Remarks of Investigator _____

Investigator _____ Date _____

Remarks of Chiefs Office _____

Chief _____ Date _____

This application has been reviewed by and approved by screening committee member

_____ Date _____

Board of Fire Commissioners

Approved _____ Date _____

Disapproved _____ Date _____

Remarks _____

