

**Flanders Fire Department
19 Firehouse Lane
Flanders NY 11901**

Dear Applicant:

The prerequisites for joining The Flanders Fire Department are as follows:

1. You must be a resident of the district
2. You must be approved by a majority of members present at the Department Meeting
3. You must complete, at our cost, a thorough physical which may include a test for drugs

The application form must be filled out completely and include your signature. Please print clearly and in pen.

After the application is returned to us, you will be contacted by a screening committee member to set up an interview as part of our investigation procedure. At that time, you will learn the Department's expectations and requirements.

Anyone intentionally making a false statement of a material fact in his or her application will be subject to disqualification of membership or revocation of membership.

After becoming a member of The Flanders Fire Department, you will serve a probationary period of one (1) year. At the end of that time, you will be required to pass a written test based on general information and equipment operation. You will also be required to complete the Suffolk County Fire Training Course within one (1) year.

If you have any questions or problems filling out the application, please contact us at 631-727-0758 and ask for a Chief. We are available for any assistance needed, at any time.

Firematically Yours,

Chief
Flanders Fire Department

FLANDERS FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

TELEPHONE # _____

YEARS LIVING IN THE DISTRICT _____ MARITAL STATUS _____

BENEFICIARY NAME AND RELATIONSHIP _____

DATE OF BIRTH _____ FAMILY DOCTOR _____

EMPLOYER AND ADDRESS _____

OCCUPATION _____ NORMAL WORK DAYS _____

DRIVER'S LICENSE # _____ U.S. CITIZEN? _____

CONDITION OF HEALTH _____ DO YOU OWN A VEHICLE? _____

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT? _____

IF YES, NAME OF DEPT. AND APPROXIMATE DATES _____

COUNTY FIRE SCHOOL CERTIFICATE? _____

DID YOU EVER SERVE IN THE MILITARY? _____

TYPE OF DISCHARGE? _____

REASON FOR WANTING TO BE A FIREFIGHTER _____

1. OSHA regulations require that you pass a physical examination before becoming an interior structural fire fighter. The Department physician will provide you with a physical examination at no cost to you. Are you willing to undergo a physical examination? YES / NO

2. Have you ever been convicted of a crime, granted an adjournment in contemplation of a dismissal or granted youthful offender treatment? (If you chose not to answer this question, your membership will be denied) YES / NO

3. To be answered ONLY if your answer to question #2 (above) is YES.
In order for the Board of Commissioners to make a decision on your membership, are you willing to appear before the Board, in an Executive Session which is barred from public members, and before council to discuss the circumstances as to why you answered Yes to question 2? YES / NO

Set forth in full arrests and dispositions for any and all violations under the Vehicle and Traffic Law of New York during the past two (2) years:

Height _____
Eye Color _____

Weight _____
Hair Color _____

List three (3) character references (not related). Include Name and Address:

1. _____
2. _____
3. _____

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

_____, a Resident of the Flanders Fire District, do hereby apply for membership in the Flanders Fire Department and do hereby certify that the foregoing statements are true. I understand that I am subject to immediate rejection or dismissal should any of these statements be found false. I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employer(s) and the military services to disclose their relevant records about me to the Flanders Fire Department whether the information is of public, private, or of confidential matter. I release them from any liability and responsibility from doing so. This authorization, in original copy form, shall be valid for this and any information, report or updates that may be requested.

SIGNATURE OF APPLICANT

DATE

Section 94 of the Public Officers 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 about you is found in Article 6 of the Executive Law.

The information will:

- * be used to determine your qualifications
- * be released to the Fire Department Chief
- * be maintained in your personal file when you become a member or in our resume file for 6 (six) months if you do not become a member

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

SIGNATURE OF APPLICANT

DATE

DO NOT WRITE BELOW THIS LINE- USED FOR COMMITTEE NOTES

Date of interview by screening committee: _____

Recommendation: Approved _____ Disapproved _____

Chairperson: _____

Date Approved/Disapproved by Department: _____

Date Approved/Disapproved by Commissioners: _____

The above named person has been approved and accepted or membership in the Flanders Fire Department to be placed in Company # _____ as of _____

Chief _____
Name of Chief/Signature

Date _____

JOB DESCRIPTIONS

SCENE SUPPORT OPERATIONS:

Main Functions:

- * Performs fire scene operations outside of structures
- * Places water on fire from outside of structure, connects hoses to hydrants, able to perform rescue operations with additional training
- * Less dangerous than interior firefighting

FIRE POLICE:

Main Functions:

- * Ensures a safe scene for firefighters and medical personnel by controlling traffic

INTERIOR FIREFIGHTER:

Main Functions:

- * Performs all functions of a firefighter including fire extinguishment, interior search, vehicle rescue and rope rescue
- * Some firefighters also perform roof operations such as ventilation