



**LAKE VIEW VOLUNTEER FIRE ASSOC.**  
**PO Box 321; 2005 Lake View Road**  
**Lake View, NY 14085-0321**



Website: [lvfire.org](http://lvfire.org)

Email: [lvfd@roadrunner.com](mailto:lvfd@roadrunner.com)

**Qualified applicants are considered without regard to race, color, creed, sex, national origin, age, marital or veteran status**

**PLEASE PRINT AND COMPLETE BOTH SIDES**

Date of Application: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Nickname (if any) \_\_\_\_\_ Alias and/or Maiden Name \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived at this address?: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex F / M DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Member type: Firefighter Only  EMS Only  Firefighter/EMS

Have you previously filed an application with this organization?  Yes  No

Have you any previous firefighting experience?  Yes  No

Are you a citizen of the United States?  Yes  No

If not, do you possess an Alien Registration Card?  Yes  No

Do you have any friends of relatives who are presently members of this organization?  Yes  No

If Yes, Please list the name(s): \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony:  Yes  No

Have you ever been convicted of an arson-related crime?  Yes  No

Are you a veteran of the United States Military Service?  Yes  No

Do you have any physical, mental or medical impairment or disability that would limit your job performance?  Yes  No  Maybe

If necessary, please explain: \_\_\_\_\_

Are you presently a member of any other civic organization:  Yes  No

If yes, please list: \_\_\_\_\_

Please give the name, address and telephone for three (3) references, not related to you

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education**

Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Specialized Training, Skills: \_\_\_\_\_

**Employment** (list all places of employment for the past three years – most current first)

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**Driver Information**

State License Issues \_\_\_\_\_

Driver License Number \_\_\_\_\_

**Availability for Membership:**

- Day Worker       Afternoon Worker
- Night Worker       Shift Worker

Are you able to attend evening meetings and drills?       Yes       No

If No, please explain \_\_\_\_\_  
\_\_\_\_\_

**Consent for Disclosure**

I, \_\_\_\_\_, give the Investigating Officers of the Lake View Fire Department and Lake View Fire District my consent to make inquiries of my employers, neighbors and police agencies while conducting an investigation of my character, past records and responsibility and for future investigation as a member of this organization.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Do not write below this line

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Comments of Investigating Officer:

Date: \_\_\_\_\_  Accept    or     Reject by Fire Association

Date: \_\_\_\_\_  Accept    or     Reject for Fire District

Date Sworn in by Fire District: \_\_\_\_\_

Copy to Fire Association  
Copy to Fire Chief  
Copy to Fire District