



Bethpage Fire Department

Dunn-Hassett Plaza, Bethpage, New York 11714

516-931-2660

516-931-2667

Fax: 516-942-0605



DEAR NEIGHBOR:

THANK YOU FOR YOUR INTEREST IN THE BETHPAGE FIRE DEPARTMENT. OUR DEPARTMENT IS COMPOSED OF APPROXIMATELY 165 MEMBERS, ALL VOLUNTEER. WE RESPOND TO BETWEEN 900 - 1100 CALLS PER YEAR - ABOUT HALF ARE FOR MEDICAL EMERGENCIES. WE HAVE THREE FIRE STATIONS - HEADQUARTERS AT 225 BROADWAY; STATION 4 ON STEWART AVENUE AT FARMERS AVENUE; AND STATION 5 ON UNION AVENUE. NEW MEMBERS ARE GENERALLY ASSIGNED TO THE STATION NEAREST THEIR HOME. FEEL FREE TO VISIT US - SUNDAY MORNINGS ARE BEST.

NEW MEMBERS SERVE A 12 MONTH PROBATION PERIOD DURING WHICH TIME THEY WILL RECEIVE BASIC FIREFIGHTING INSTRUCTION. THIS IS CONDUCTED BY THE DEPARTMENTAL TRAINING COMMITTEE, COMPANY OFFICERS AND THE NASSAU COUNTY FIRE SERVICE ACADEMY. UPON SUCCESSFUL COMPLETION, ADDITIONAL COURSES ARE OFFERED (IE: ADVANCED FIREFIGHTING, OFFICERS TRAINING, EMERGENCY MEDICAL TECHNICIAN, ADVANCED EMT, ETC.)

SOME FREQUENT QUESTIONS ARE:

- 1. HOW MUCH TIME IS REQUIRED OF ME?** YOUR FIRST YEAR ENTAILS SEVERAL TRAINING COURSES AND YOU MUST MAINTAIN A RESPONSE QUOTA OF 30%. DISCUSS THIS WITH YOUR FAMILY.
- 2. WHAT DOES THE BETHPAGE FIRE DEPARTMENT OFFER ME?** BESIDES HARD WORK AND LOUSY HOURS, WE CAN OFFER YOU NEW EXPERIENCES, A CHALLENGE, A CHANCE TO HELP OTHERS IN THEIR TIME OF NEED, SOCIAL OPPORTUNITIES, NEW FRIENDS, LEARN NEW SKILLS, SELF-RESPECT, EXCITEMENT, ETC. IT IS UP TO YOU!
- 3. I AM INTERESTED IN EMERGENCY MEDICAL SERVICE, MUST I BECOME A FIREFIGHTER?** YES. ALL MEMBERS ARE TRAINED FIREFIGHTERS. THERE IS NO SEPARATION BETWEEN EMS AND FIREFIGHTING. SOME MEMBERS, HOWEVER, TEND TO BE MORE ACTIVE IN ONE AREA THAN ANOTHER.
- 4. IS THIS STUFF DANGEROUS? WHAT IF I GET HURT?** OBVIOUSLY, THERE IS A CERTAIN AMOUNT OF RISK IN EMERGENCY SERVICE. GOOD TRAINING AND DEDICATED OFFICERS GO A LONG WAY IN MAINTAINING AN EXCELLENT SAFETY RECORD. ALL OUR MEMBERS ARE INSURED BY THE FIRE DISTRICT AND COVERED BY THE NEW YORK VOLUNTEER FIREFIGHTERS BENEFIT LAW. THERE ARE ALSO FEDERAL BENEFITS AVAILABLE TO FAMILIES.

IF YOU HAVE ANY QUESTIONS, WE WOULD BE GLAD TO ANSWER THEM FOR YOU. ASK FOR OUR RECRUITMENT COMMITTEE.



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BETHPAGE VOLUNTEER FIRE DEPARTMENT RECRUITMENT UNIT

GENERAL INFORMATION FOR NEW APPLICANTS

APPLICANTS MUST BE U.S. CITIZENS, OVER AGE 18, IN GOOD HEALTH AND HAVE BEEN A RESIDENT OF THE BETHPAGE FIRE DISTRICT FOR AT LEAST 6 MONTHS. (PERSONS LIVING WITHIN A HALF MILE OF THE BETHPAGE FIRE DISTRICT MAY BE CONSIDERED). A BACKGROUND INVESTIGATION, MEDICAL EXAM AND DRUG SCREENING ARE COMPLETED ON ALL PROSPECTIVE MEMBERS.

BEING A MEMBER OF THE BETHPAGE VOLUNTEER FIRE DEPARTMENT ENTAILS MUCH TIME AND WORK. FOR THE FIRST YEAR OF MEMBERSHIP YOU WILL BE A **PROBATIONARY** MEMBER. DURING THIS TRIAL PERIOD YOU WILL BE EXPECTED TO:

- A. ATTEND A MINIMUM OF 30% OF ALARMS.
- B. ATTEND SUNDAY MORNING AND/OR WEEK NIGHT TRAINING.
- C. SUCCESSFULLY COMPLETE OUR ORIENTATION COURSE.
- D. SUCCESSFULLY COMPLETE THE BASIC TRAINING COURSE AT THE NASSAU COUNTY FIRE SERVICE ACADEMY.
- E. ATTEND ALL REQUIRED COURSES SCHEDULED FOR THIS DEPARTMENT.
- F. ATTEND A MINIMUM OF 50% OF ALL MEETINGS AND SPECIAL DETAILS.
- G. LEARN TO SAFELY AND COMPETENTLY PERFORM THE DUTIES OF A MEMBER OF THIS DEPARTMENT.
- H. **CONDUCT YOURSELF IN A MANNER BEFITTING A MEMBER OF THIS ORGANIZATION.**

AS A **PROBIE**, YOU WILL BE ASKED TO CARRY OUT JOBS THAT MAY SEEM MENIAL; THEY ARE NOT. EVERY MEMBER GOES THROUGH PROBATION. WATCH, LISTEN, LEARN AND ASK QUESTIONS REGARDING YOUR DUTIES. YOU WILL BE EVALUATED QUARTERLY BY YOUR CAPTAIN AND TRAINING OFFICERS. YOUR EVALUATION IS REVIEWED BY THE CHIEFS. THE BETHPAGE FIRE DEPARTMENT HAS PROVIDED EMERGENCY SERVICE TO OUR COMMUNITY SINCE 1910. SOME PEOPLE COME TO REALIZE THAT SUCH EMERGENCY WORK IS NOT FOR THEM. SOME JUST DO NOT HAVE THE TIME TO COMMIT TO THE FIRE DEPARTMENT. OTHERS, IN SPITE OF THEIR EFFORTS, DO NOT MEET OUR STANDARDS AND DO NOT COMPLETE PROBATION. **GIVE THIS MATTER SERIOUS CONSIDERATION BEFORE YOU APPLY FOR MEMBERSHIP. DISCUSS IT WITH YOUR FAMILY.**

WHAT DOES THE BETHPAGE FIRE DEPARTMENT OFFER ME? BESIDES HARD WORK AND TERRIBLE HOURS, WE CAN OFFER YOU NEW EXPERIENCES, A CHALLENGE, A CHANCE TO HELP OTHERS IN THEIR TIME OF NEED, SOCIAL OPPORTUNITIES, NEW FRIENDS, LEARN NEW SKILLS, INCREASE YOUR SELF-RESPECT, PUT EXCITEMENT INTO YOUR SPARE TIME AND BELONG TO A PROUD, MOTIVATED GROUP WITH A LONG TRADITION OF COMMUNITY SERVICE.

IF YOU HAVE ANY QUESTIONS, PLEASE STOP BY ANY FIREHOUSE AND SPEAK TO THE OFFICER IN CHARGE OR CALL 931-2660. SUNDAY MORNINGS ARE BEST.



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APPLICATION PROCEDURES

I. FILLING OUT APPLICATION:

- A. **PRINT** ALL INFORMATION CLEARLY AND LEGIBLY.
- B. INCLUDE FOUR (4) RECENT WALLET SIZE PHOTOGRAPHS OF YOURSELF.
- C. INSURE THAT THE ADDRESSES OF YOUR CHARACTER REFERENCES ARE ACCURATE AND COMPLETE TO INCLUDE POST OFFICE AND ZIP CODE.
- D. LIST YOUR POST OFFICE EVEN IF IT IS BETHPAGE.
- E. INSURE THAT YOUR SOCIAL SECURITY NUMBER IS INDICATED ON THE UPPER RIGHT PORTION OF THE APPLICATION.

NOTE: YOU ARE REQUIRED TO MAKE TRUTHFUL ANSWERS TO ALL OF THE QUESTIONS. IF YOU WITHHOLD INFORMATION OR MAKE A MISREPRESENTATION YOU MAY BE SUSPENDED OR REMOVED AS A VOLUNTEER FIREFIGHTER AT ANYTIME.

II. MEDICAL EVALUATION:

AFTER THE BOARD OF TRUSTEES RECEIVE YOUR REFERENCE LETTERS, THEY WILL INFORM YOU TO MAKE AN APPOINTMENT WITH THE DEPARTMENT DOCTORS FOR A MEDICAL EXAM. THIS MEDICAL EXAM WILL INCLUDE A DRUG SCREEN.

III. INTERVIEW:

YOU WILL BE INTERVIEWED BY THE BOARD OF TRUSTEES. IF YOU HAVE ANY QUESTIONS PLEASE ASK THE TRUSTEES. THEY WILL BE MORE THAN GLAD TO ANSWER ANY QUESTIONS THAT YOU MAY WANT ANSWERED.

IV. EVALUATION OF DATA:

UPON COMPLETION OF THE ABOVE REQUIREMENTS YOUR DATA WILL BE EVALUATED AND IF ALL IS IN ORDER YOUR NAME WILL BE BROUGHT UP ON THE DEPARTMENT FLOOR FOR ELECTION TO THE BETHPAGE FIRE DEPARTMENT.



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APPLICATION FOR VOLUNTEER FIREFIGHTER

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

(Please Print Full Name)

Date of Application _____ SS # _____

Name _____
(last) (first) (middle)

Address _____ ZIP Code _____

Previous Address _____ ZIP Code _____

Phone # _____ Cell # _____

D.O.B. _____ E-mail _____

Nearest relatives or other person to be notified in case of emergency:

Name	Address	Home#	Cell#	Relationship
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How long have you resided at your current address? _____

How long did you reside at your previous address? _____

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

Have you any previous firefighting experience? Yes No

If yes, please detail

Have you ever been rejected for membership by a fire or emergency service membership organization? Yes No

Have you ever been disciplined, suspended or expelled by a fire or emergency service membership organization? 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 or relatives who are presently members of this organization? Yes No

If yes, list 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 name, address and telephone number 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 issued _____ Vehicle Registration issued _____

Driver License Number _____

Insurance Carrier _____

Availability for Membership Day Worker Night Worker

Are you able to attend evening and weekend meetings, drills, functions and assignments? Yes No

If No, please explain _____

Consent for Disclosure

I, _____ give the Investigating Officer(s) of **Bethpage Fire Department/Fire District** my consent to make inquiries of my employers, neighbors, police agencies, motor vehicle department, military services, and insurance carrier while conducting an investigation of my character, past record and responsibility.

I hereby authorize the release of the following records to the **Bethpage Fire Department/Bethpage Fire District**: employment; education; motor vehicle; armed services; credit; criminal; and probation/parole.

This authorization is given without regard to whether these records are of the public, private, or confidential nature, and I hereby waived all privileges arising out of the private or confidential nature of any of the above records.

On behalf of myself, my heirs, executors, administrators, successors, and assigns, I hereby hold harmless and release the **Bethpage Fire Department/Bethpage Fire District**, its officer's members and agents, from all actions, causes of action, suits, damages, and claims of whatsoever in law for equity which may arise as a result of collecting these records.

I understand that the **Bethpage Fire Department/Bethpage Fire District** may release and disclose the records obtained pursuant to this authorization to governmental employers, agencies, departments, and the agents thereof as it relates to my background, experience and qualifications for the position of volunteer firefighter which I am seeking and my merit and fitness for public service, and I hereby authorize such release and disclosure.

I understand that nothing contained in this authorization shall be deemed or construed to limit or prohibit the fire department from obtaining information and or documents which are a matter of public record.

Signature of Applicant _____ Date _____

Acknowledgement

I hereby acknowledge that I have read the instructions contained in the foregoing application, and have completed the application in accordance with the instructions. I affirm that I have completed the application fully, truthfully, and to the best of my knowledge. I am aware that any deception or an attempt of deception by me in the completion of this application, or in the subsequent character investigation to be conducted by the **Bethpage Fire Department/Bethpage Fire District** may result in a rejection of my application from consideration for membership in the **Bethpage Fire Department**. I have also been made aware that if any answers or statements made by me in this application are later determined by the fire department to have been false statements after I am accepted as a member, I will be subject to dismissal from the fire company for having made false statements on my membership application.

I, _____, declare subject to the penalties of perjury that all statements made in this application have been examined by me and are true and correct to the best of my knowledge, that I completed the application in my hand, and that the answers that I have given to each and every question contained therein is full, complete, true and correct to the best of my knowledge.

Dated: _____
Applicant Signature

Applicant under the age of 18 years

I _____, as the parent or lawful guardian of the applicant herein consent to permit my child apply for membership in the **Bethpage Fire Department** in accordance with rules, regulations and bylaws of the fire company. I have reviewed this application fully filled out by my child as to form and content and consent to the filing of this document by my child with the fire company. I have reviewed the content filled out by my child and find his/ her statements made in this application to be true and correct to the best of my knowledge.

I understand that if my child is accepted into membership he or she will be required to comply with the rules, regulations and bylaws of the fire company.

I understand that by signing this document that I agree and consent to all of the waivers, consents and releases that my child has given to the fire company as part of the application process.

On behalf of myself, my child-applicant, my heirs, executors, administrators, successors, and assigns, I hereby hold harmless and release the **Bethpage Fire Department/Bethpage Fire District**, its officers members and agents, from all actions, causes of action, suits, damages, and claims of whatsoever in law for equity which may arise as a result of the filing of this application by my child and the processing of the application by the fire company.

Dated: _____
Parent Signature

Comments of Investigating Officer:

I/ we were presented with photo identification from the applicant as follows:

I/ we make the following recommendations to the fire department:

() ACCEPT () REJECT

PROCESSING FEE IS \$10.00. YEARLY DUES IS \$3.00. BOTH ARE PAYABLE THE NIGHT OF ACCEPTANCE INTO THE DEPARTMENT.

IF YOUR APPLICATION IS NOT ACCEPTED AT THIS TIME, IT MAY BE PLACED ON FILE FOR CALL WITHIN THE YEAR. THIS APPLICATION EXPIRES ONE YEAR FROM DATE THE APPLICANT APPLIES FOR MEMBERSHIP.

I DO HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE BETHPAGE FIRE DEPARTMENT AND IF ELECTED I DO SOLEMNLY PLEDGE MYSELF TO OBEY ALL LAWFUL ORDERS OF MY SUPERIORS, TO BE AMIABLE TO DISCIPLINE, AND TO HOLD MYSELF BOUND IN HONOR TO CONFORM TO AND ABIDE BY, IN EVERY RESPECT, THE CONSTITUTION AND BY-LAWS OF THIS ORGANIZATION.

AI HAVE READ THIS APPLICATION AND DO SWEAR THAT THE INFORMATION THEREIN IS TRUE AND FURTHER AUTHORIZE THE BETHPAGE FIRE DEPARTMENT TO CONDUCT A BACKGROUND INVESTIGATION INCLUDING MY POLICE RECORD FOR ANY RECORD OF CONVICTIONS, MY DRIVING RECORD WITH THE DEPARTMENT OF MOTOR VEHICLES AND ANY PUBLIC RECORDS MAINTAINED BY A MUNICIPALITY WHICH PERTAIN TO ME.≡

SIGNATURE _____ DATE _____

NOTE: 4 RECENT PHOTOGRAPHS MUST ACCOMPANY APPLICATION. APPROX. 2" X 2".

RECORDS OF ACCEPTANCE

CHIEFS

TRUSTEES

COMMISSIONERS

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

DRUG TESTING CONSENT FORM

It is the policy of the Bethpage Fire District to provide for drug screening for all applicants for membership with the Bethpage Fire Department.

All applicants for membership with the Bethpage Fire Department shall be required to submit to a drug test and must sign this drug test consent form. Failure to sign the consent form and/or submit a sample for testing shall disqualify the candidate for membership in the Fire Department.

The undersigned does hereby acknowledge that he/she has read the foregoing and does consent and authorize the Bethpage Fire District/Fire Department to conduct a chemical analysis of their blood or urine to determine the existence of drugs and to have the results of such test forwarded to the appropriate Fire District/Fire Department personnel to be utilized solely in connection with this application process.

The applicant acknowledges that the Bethpage Fire District/Fire Department is a drug free work environment in which applicants testing positive for controlled substances and/or narcotics not taken under proper physician supervision will not be considered for membership and current members found to have violated such rules will be subject to disciplinary action including dismissal for such action.

DATED: _____

Applicant Signature



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-RELEASE OF INFORMATION

I _____ HEREBY AUTHORIZE THE NASSAU COUNTY POLICE DEPARTMENT AND THE BETHPAGE FIRE DEPARTMENT TO DO A BACKGROUND CHECK AND ARREST RECORDS CHECK OF ME. I AUTHORIZE THE RELEASE OF THIS INFORMATION DIRECTLY TO THE BETHPAGE FIRE DEPARTMENT.

IN ADDITION, I ALSO AGREE TO RELEASE ANY AND ALL PERSONS AND LEGAL ENTITIES FROM ANY AND ALL LIABILITY ARISING OUT OF THE RELEASE OF THE RECORDS DESCRIBED HEREIN TO THE PARTIES SPECIFIED HEREIN.

I AM AWARE THAT THIS INSTRUMENT MAY BE PHOTOCOPIED IN ITS USE AND HEREBY ACKNOWLEDGE THE VALIDITY OF MY SIGNATURE ON SUCH DUPLICATED COPY.

SIGNATURE _____ DATE _____

ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY# _____

STATE OF NEW YORK)
COUNTY OF NASSAU) SS:

ON THIS _____ DAY OF _____, 20 _____ BEFORE ME PERSONALLY CAME _____ TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED THAT HE EXECUTED THE SAME.

NOTARY PUBLIC