



FAIRPORT FIRE DEPARTMENT

27 East Church Street
Fairport, New York 14450-6124

585 223-9220
www.fairportfd.org

Prospective Member Information Summary

Historical Overview

In response to several damaging fires within the community, in March 1877, the Village of Fairport Trustees decided to form a fire department. The purchase of 75 fire buckets and a hose cart with 650 feet of hose and a ladder truck with seven ladders formed the volunteer fire department under the direction of its foreman (Chief) Levi Deland. Over the next eleven years, the fire department evolved into three companies, the Deland Hose Company (1877), The Fairport Hook and Ladder Company (1881), and the Fairport Protectives (1888). Originally the three companies performed separate functions in the event of a fire, but those functions are merged into a single department now with the companies serving mostly as a social organization.

Since its modest start, the Fairport Fire Department has grown to an organization of over 60 members that operate out of two stations. We operate more than 9 pieces of firefighting and rescue equipment, answer more than 750 alarms per year and serve approximately 27,000 residents. A great deal of time goes into maintaining our organization and providing quality training programs for our firefighters.

Fairport Station 1 is located at 27 East Church Street and Station #2, also referred to as the Stewart Station, is located at 1105 East Whitney Road.

More information can be found on our website at www.fairportfd.org

Meetings

The Fire Department meets monthly on the first Monday of the month, except for December, when the annual election of Officers is on the second Monday of the month. Each company holds quarterly meetings, with their December meeting being their annual election meeting. The Fire Department conducts training every Thursday at 7:00 pm at Station 1. Members are required to attend a minimum number of activities as described by Department policy and company bylaws.

Qualifications for Membership

- Be at least 18 years old at the time of application.
- Be a citizen of the United States.
- Be of good moral character and physical condition.
- Possess a valid driver's license.
- Work or Live within the Fairport Fire Department's district.

Advantages to Membership

- All uniforms and equipment are provided free of charge.
- All training is provided free of charge.
- Access to the Department physical training facility (gym) and physical trainer free of charge.
- Comradery and networking opportunities with your fellow members.

New Member Positions and Requirements

Within the fire department there are three general classes of membership. These classes of membership are based off job function, physical requirements, and training requirements for the respective positions.

Interior Firefighter (Class A Interior Firefighter)

An interior firefighter is the backbone of the fire department. This position is directly responsible for fire suppression and rescue activities. This position requires an individual in good physical condition and can wear an air pack of supplied air. Individuals desiring to become an interior firefighter are required to complete a program consisting of about 144 hours of instruction on exterior fire operations, interior fire operations, and hazardous materials response. These training classes are typically at night and consist of classroom sessions and hands on training.

Exterior Firefighter (Class B Exterior Firefighter)

An exterior firefighter serves as a scene support role at fires and incidents. This position is responsible for exterior operations including fire attack, ventilation, water supply, and other exterior fire operations. The training program for exterior firefighters consists of about 95 hours of instruction on exterior fire operations and hazardous materials response. These training classes are typically at night and consist of classroom and hands on training.

Fire Police (Class C Firefighter)

The Fire Police are responsible for crowd and scene control. Serving a support role, they support fireground operations by ensuring that interior and exterior firefighters are able to accomplish their tasks without interference from the public. Fire Police tasks typically involve traffic control at accident and fire scenes. Additionally, they may be tasked with controlling crowds that may form at incident scenes. Fire Police are under the direction of the on-scene incident commander and may be tasked to assist local law enforcement with traffic control. The training program for Fire Police consists of 21 hours of classroom and hands on training.

Minimum Member Requirements

- Completion of basic position training within one year of membership.
- Attend a minimum of 15% of all Department alarms (equates to about 10 calls per month).
- Attend a minimum of one department meeting per quarter (1 of 4).
- Attend a minimum of three department training drills per quarter (3 of 12).
- Attend and complete minimum annual department training as outlined by the Department's Standard Operating Guidelines.

Application Process

1. Complete the entire application form. While completing this application, do not sign the application unless you are in the presence of a notary. Notaries are typically available at your local bank, the Perinton Town Hall or the Fairport Village Hall. Any questions regarding completing the application should be directed to volunteer@fairportfd.org. Please make sure to initial each page on the bottom in the space provided.
2. Contact the Chief of the Fairport Fire Department at 585-223-9220 or via email at 3c14@fairportfd.org. Advise the Chief that you are interested in membership and have completed the application. The Chief will review the process of getting your background completed as well as your pre-membership physical and drug screen. The Chief will provide you with a No Charge Authorization Code (NCAC) for you to take to get your fingerprints completed.
3. Contact Identogo to schedule an appointment to get fingerprinted for your background check. Appointments can be scheduled via their website at <https://uenroll.identogo.com/workflows/15228R> or call 844-539-5541. If they require a service code, please provide 15228R. If they require the NCAC code while scheduling, please provide the code provided by the Chief. Upon completion they will provide you with a receipt as proof your fingerprints were submitted. Retain this receipt and submit

it with your application. A background check informational sheet is provided at the end of this application packet for reference.

4. After completion of fingerprinting, the next step is to schedule your pre-employment physical and drug screening. Please contact Finger Lakes Occupational Health Services at 585-244-4771. Advise them that you need to schedule an initial physical examination and drug screen for the Fairport Fire Department. A reference sheet is attached to the end of this application packet for reference.
5. Deliver the following to Fairport Station #1, Monday through Friday between 7:00 am and 3:30 pm.
 - a. The completed application
 - b. Proof of fingerprinting
 - c. Copy of your driver's license
 - d. Copy of DD214 or other military records if applicable
 - e. Copy of fire service training records if applicable
 - f. Copy of a letter of recommendation from your previous department if applicable.
6. Upon submission of your application, the Fairport Police Department will conduct a background check. This may include calling references, reviewing records including criminal and traffic records, and conducting a phone interview. A recommendation will be provided to the Chief of the Fire Department based on this background investigation.
7. Provided the application, physical, drug screen, and background investigation is completed, the Fire Chief will contact you to set up a time for an interview. This interview will consist of three representatives of the company you will be joining as well as a representative of the Chief's office. This interview will review your application, cover the requirements of being a member, as well as determine your suitability for membership.
8. Provided the interviewers recommend membership, your application will be forwarded to the Village of Fairport to be placed on the agenda of the Village Board. The Village Board will review your application as well as the recommendation of the interviewers. The Village Board will then take action on your application.
9. When your membership has been approved by the Village Board, you will receive a letter in the mail within two weeks following the meeting. This letter will confirm your-membership in the Fire Department. Once you have this letter, reach out to the Chief at 3c14@fairportfd.org or via phone at 585-223-9220. An appointment will be set up to get equipment issued and go over operating procedures.

New Member Application

General Information

First Name: _____ Middle Name: _____ Last Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License or State Identification Number: _____ ID State: _____

Emergency Contact:

Name: _____ Phone: _____

Department Specific

Preferred Company:

Deland Hose Company Hook and Ladder Protectives No Preference

Preferred Position:

Interior Firefighter Exterior Firefighter Fire Police-

Do you have reliable transportation to fire calls / events? Yes No

Why do you want to join the Fairport Fire Department?

Are you capable of performing the physical tasks associated with the preferred position?

Yes No

Is there any obligations or commitments that could interfere with your ability to attend training, events and calls? Yes (*please explain*) No

Previous Experience

Have you been a member of an emergency service organization? Yes No

(If Yes – Please provide training records and applicable recommendation letter)

Agency: _____ Position Title: _____

Agency Location (City, State): _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Agency: _____ Position Title: _____

Agency Location (City, State): _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Any qualifications or Training you possess that you believe may be of benefit to the Department?

Have you served in the armed forces? Yes No

(If Yes – Please provide a copy of your DD-214 or discharge papers)

Branch: _____

Start Date: _____ End Date: _____

Rank: _____ Military Occupational Specialty (MOS): _____

Honorable Discharge? Yes No

Specialized Training: _____

Current Employment

Current Employer: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Job Title: _____ Type: Full Time Part Time

Supervisor Name: _____ Supervisor Title: _____

Supervisor Phone: _____ May We Contact? Yes No

Job Duties: _____

Previous Employment History

Please include information on your last two employers (if applicable)

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Job Title: _____ Type: Full Time Part Time

Job Duties: _____

Reason for Leaving: _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Job Title: _____ Type: Full Time Part Time

Job Duties: _____

Reason for Leaving: _____

Background Information

Have you been known by any other names? Yes No

First: _____ Middle: _____ Last: _____

First: _____ Middle: _____ Last: _____

Have you ever been convicted of a crime? Yes No

Explain: _____

Are you a United States Citizen? Yes No

Spouse's Information:

First: _____ Last: _____ Contact Phone: _____

Level of Education:

High School Diploma/GED Associates Bachelor's Masters Doctorate

Character References

Please provide three references of individuals who can attest to your character.

Name: _____

Address: _____

Contact Phone: _____

Years Known: _____ Relation: _____

Name: _____

Address: _____

Contact Phone: _____

Years Known: _____ Relation: _____

Name: _____

Address: _____

Contact Phone: _____

Years Known: _____ Relation: _____

Applicant Certification

*** PLEASE READ CAREFULLY ***

I understand that this application and other documents that I may receive are not an indication of membership.

I hereby certify that the information set forth in this application is accurate and complete. I understand that any misrepresentation or omissions on this application may be considered sufficient cause for refection, or discharge if already a member of the Fairport Fire Department or any of the companies of the Department. Prior to acceptance of this application, I understand that I must successfully pass a physical examination, drug test and submit to a criminal history check provided by the Fairport Fire Department.

Applicant Signature: _____

Applicant Name Printed: _____

Date Signed: _____

Authorization to Release Criminal Records

I hereby authorize and instruct any person, sworn or unsworn, employed by any Law Enforcement Agency, Police Department, or institution that reports to such an agency, to release and deliver to the Chief of the Fairport Fire Department or his designated

Applicant Initial: _____

representative, upon production of this document, or a copy of the same, any and all information, records, reports, and documents relating to any and all criminal charges, dispositions, traffic and juvenile contact results between myself and any of the aforementioned types of agencies, departments or institutions. This authorization shall include the right of inspection and copying of any document contained in any file or record, by the Chief of the Fairport Police Department or designated representative.

I hereby authorize the Fairport Police Department to make copies of this authorization and release, and to give such a copy to any person, agency, department or institution requesting same from whom the above information has been requested.

Applicant Signature: _____

Applicant Name Printed: _____

Date Signed: _____

Acknowledgement

State of New York

County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the above instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument

Notary Public/ Commissioner of Deeds



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

Note: Prospective member complete sections 1 through 10.

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.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

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



FAIRPORT FIRE DEPARTMENT

27 East Church Street
Fairport, New York 14450-6124

585 223-9220
www.fairportfd.org

FINGERPRINTING INSTRUCTIONS

All new applicants are required to submit fingerprints for the purpose of completing a non-criminal employment (membership) background check.

The Fairport Fire Department utilizes Identigo for completing fingerprints. They are located at 3300 Monroe Avenue, Suite #206, Rochester, NY 14618. Bringing this form with you will provide the necessary information needed to complete fingerprinting.

Process:

1. Contact the Chief of the Fairport Fire Department at 585-223-9220 or via email at 3c14@airportfd.org. Advise the Chief you are applying for membership and need to complete a background check and require a no charge authorization code (NCAC). This code is used to waive the fingerprinting fee for the new applicant.

WRITE NCAC CODE HERE: _____

2. Contact Identigo to schedule an appointment to get fingerprinted. Appointments can be scheduled via their website at <https://uenroll.identigo.com/workflows/152258R> or [call 844-539-5541](tel:844-539-5541). If they require a service code, please provide **15228R**.
3. At your scheduled time, proceed to Identigo. **DO NOT JUST SHOW UP WITHOUT AN APPOINTMENT.** They will turn you away without an appointment. After completion of your application, they will provide you with a receipt. **RETAIN THIS RECEIPT TO BE SUBMITTED WITH YOUR MEMBERSHIP APPLICATION.**



FAIRPORT FIRE DEPARTMENT

27 East Church Street
Fairport, New York 14450-6124

585 223-9220
www.fairportfd.org

INITIAL PHYSICAL EXAMINATION

All new applicants are required to receive an initial physical examination prior to membership. The purpose is to ensure that all new members are physically able to accomplish the tasks associated with their duties. Additionally, certain functions, such as wearing a self-contained breathing apparatus, require a medical clearance from a qualified provider.

The Fairport Fire Department utilizes Finger Lakes Occupational Health Services for conducting physical and drug screening. They are located at 400 White Spruce Blvd, Suite B, Rochester, NY 14623. You will need to contact them at 585-244-4771 to schedule an initial (candidate) physical examination. **YOU MUST SCHEDULE AN APPOINTMENT. THEY WILL NOT ACCEPT WALK INS.**

As part of their examination, they will conduct the following:

- Medical History Review
- OSHA Respirator Questionnaire (interior/exterior firefighters)
- Physical Examination
- Pulmonary Function Test (interior/exterior firefighters)
- Electrocardiogram
- Audiogram
- Chest X-Ray
- Drug Screen

A certification will be provided to the Fairport Fire Department detailing the level of duty the candidate is approved for (Class A: Interior, Class B: Exterior, Class C: Support, Class D: Administrative Only).

YOUR MEDICAL RECORDS AND RESULTS ARE KEPT WITH FINGER LAKES OCCUPATIONAL HEALTH SERVICES. THE FIRE DEPARTMENT DOES NOT RECEIVE A COPY OF YOUR MEDICAL RECORDS.