



GENESEE COUNTY OFFICE OF EMERGENCY MANAGEMENT SERVICES
Genesee County Emergency Support Unit (ESU)

Member Requirements:

- All applicants must be an active member, in good standing status with a Genesee County fire department.
- All applicants must have a minimum of three (3) years as an active firefighter.
- All applicants must have either **Hazardous Materials Technician** certification and/or **Rescue Technician-Basic** at time of appointment.
- All applicants must not currently be receiving disability benefits or Workman’s Compensation.
- All ESU members are required to attend 50% of the yearly scheduled training and drills.

Application Process:

Completed application along with training certification and verification of current physical is to be submitted to:
 Genesee County Office of Emergency Management Services

ATTN: Fire Coordinator
 7690 State Street Road
 Batavia, NY 14020

E-mail: ems.dept@co.genesee.ny.us
 FAX: 585-345-0398

APPLICATION FOR MEMBERSHIP

DATE	FIRE DEPT		
LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS			
CITY	STATE	ZIP	
PHONE NUMBER – HOME ()	PHONE NUMBER – CELL ()		
E-MAIL ADDRESS			

DRIVER’S LICENCE INFORMATION:

CLASS	STATE
OPERATOR’S NUMBER	Have you ever been convicted of a traffic offense? YES NO
If yes, list violations(s) and date(s)	

EMPLOYMENT INFORMATION:

EMPLOYER’S NAME	SUPERVISOR’S NAME		
STREET ADDRESS	CITY	STATE	ZIP
SHIFT	CAN YOU BE CONTACTED AT WORK? YES NO	PHONE NUMBER ()	

EMERGENCY CONTACT INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER – HOME ()	PHONE NUMBER – CELL ()	PHONE NUMBER – BUSINESS ()

TRAINING AND EDUCATION:

	INSTITUTION NAME	YEARS COMPLETED	FIELD OF STUDY	GRADUATE OR DEGREE
High School				
College/University				
Business/Technical				
NYS Courses (OFPC)				

SKILLS AND QUALIFICATIONS:

Other qualifications such as special skills, abilities or honors that should be considered:
Professional licenses, certifications or registrations:

PERSONAL PROTECTIVE EQUIPMENT:

PANT SIZE (WAIST & LENGTH)	SHIRT SIZE S M L XL XXL XXXL	SHOE SIZE (INCLUDE WIDTH)
Issue Date	Issue Date	Issue Date

I declare that any statement on this application and any attachments are the truth and to the best of my knowledge correct.

PRINTED NAME

SIGNATURE

I attest that _____ is an active member in good standing of the _____ Fire Department.

FIRE CHIEF'S PRINTED NAME

FIRE CHIEF'S SIGNATURE