



# Chenango County Bureau of Fire

## Accountability Form

Please complete all information and return with a headshot in JPG

format (file name is the applicant name).

Organization: \_\_\_\_\_ Org ID: \_\_\_\_\_ Rank: \_\_\_\_\_

NYS ID: \_\_\_\_\_ EMT#/Expiration Date: \_\_\_\_\_

Last 4 #s of Social Security Number \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Email: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Qualification:

**Fire Fighter 1**

*(Equivalent: Basic FF [or Firefighting Essentials]; Intermediate FF [or Initial Fire Attack and FF Safety & Survival and Fire Behavior & Arson Awareness] AND Hazmat First Responder)*

**Fire Fighter 2**

*(Equivalent: Firefighter 1 certification with Advanced Firefighter, [or Fire Attack II]; AND Accident Victim Extrication Training)*

**Interior Fire Fighter**

**Exterior Fire Fighter**

**EMT BLS**

**EMT ALS**

**Critical Care**

**Paramedic**

**Other:** \_\_\_\_\_

Photo Number or identifier: \_\_\_\_\_