

Date Received:
Date Tabled:
Date Voted In:
Probation Over:

HOPE VALLEY-WYOMING FIRE DISTRICT

Application for membership
Return to Chief's Clerk upon completion

Regular: _____
Junior: _____
Auxiliary: _____
Associate: _____
HAZ-MAT: _____

Name: _____ Phone No. () _____

Are you over the age of 18? Yes ☐ No ☐

Driver's License Number: _____ State: _____

Physical Home Address:

Mailing Address (if different):

I, _____, do hereby make application to become an active member of the Hope Valley-Wyoming Fire District, and, if approved, do agree to abide by all rules and regulations of the fire department and fire district.

\$5.00 check or money order made payable to BCI for the background check.

Medical History (required for insurance purposes)

Blood Type: _____ Allergies: _____

Do you have any medical disabilities: ☐ Yes ☐ No If yes, describe:

Are you now, or have you ever been on disability due to the above? ☐ Yes ☐ No

I, _____, understand that because of the above described disability, that my duties may be limited to the following:

I also fully understand that the Hope Valley-Wyoming Fire District will not be held responsible if, as a volunteer, I re-injure my above-described disability.

Signature: _____ Date: _____ Witness: _____

Continued on Reverse

Contact Information:

Who do call in case of emergency:

Name: _____ Relation _____

Address: _____

Employer Name: _____

Address: _____

Parental Consent (required if under 18 years old)

Name: _____ Relation _____ Phone() _____

Signature _____ Date: _____

A police or Department of Motor Vehicle check may need to be conducted for certain positions within the department. I hereby give the fire department permission to make such inquiries, as may be needed.

Signature _____ Witness _____

References:

Please provide three people we may contact in regard to your application.

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

3. Name: _____ Phone Number: _____

Previous firefighting experience:

Office Use only below this line

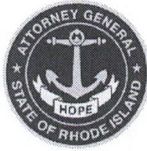
Application turned into Chief's Clerk, Indoctrination sheet, required forms issued. Photo copies of application provided to fire company and Incentive Committee.

Chief's Clerk: _____ Date: _____

The Hope Valley-Wyoming Fire District performs a background check on new applicants. The following is needed for the background check:

1. A **COLORED** copy of your driver's license or other valid photo identification
2. The attached letter **MUST** be notarized.
3. A \$5.00 check or money order only, **NO CASH** made payable to **BCI**.

Also, a W-4 statement needs to be filled out which is attached to this application.



STATE OF RHODE ISLAND
OFFICE OF THE ATTORNEY GENERAL

4 Howard Avenue • Cranston, RI 02920
(401) 274-4400 • www.riag.ri.gov

Peter F. Neronha
Attorney General

Full Name of Applicant: _____

Maiden Name / other names used: _____

Date of Birth: _____

Address of Applicant: _____

Purpose: _____

(Example: employment, housing, expungement, internship, apostille, name change, weapons permit or purchase, etc..)

AUTHORIZATION TO RELEASE INFORMATION

I _____ (print full name) hereby direct and authorize the Bureau of Criminal Identification and Investigation of the Rhode Island Department of the Attorney General to make available to _____ (name of entity) any State of Rhode Island criminal record, including a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Bureau of Criminal Identification and Investigation in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description whatsoever, arising from any release of criminal records and requests therefrom, against the State of Rhode Island, Bureau of Criminal Identification and Investigation, the Attorney General, and employees of the Department of Attorney General in both law and equity which I may have now or in the future.

Signature of Applicant

Sworn to before me in the City of _____ State of _____

this _____ day of _____, 20_____.

Notary Public

Commission Expires

Note: A colored photocopy of a government-issued photo identification with a date of birth must accompany this release.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐
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Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)