New Hackensack Fire Company
217 Myers Corners Road
Wappinger Falls, NY 12590

APPLICATION FOR MEMBERSHIP

Date: _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt./Suite No.)

_____
(City Town Village) (State) (Zip Code)

3. Telephone: (_____) _____ (_____) _____ _____
(Home) (Cell) (E-mail)

4. How long have you resided at the above address? Years: _____ Months: _____

5. How long have you resided in New York State? Years: _____ Months: _____

6. Are you 18 years of age or older? Yes____ No____ If No, state your age. _____

7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes_____ No_____ If "Yes", explain.

_____

_____

_____

8. Are you currently employed? Yes____ No____

If "Yes" give employer information below. May we contact your employer as a reference? Yes____ No____

Name of Company_____

Address_____ Telephone_____

9. Do you have a valid New York State Drivers License? Yes____ No____

10. Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls).

Please check appropriate time periods.

Week Days:

Days_____ Evenings_____ Nights_____

Weekends:

Days_____ Evenings_____ Nights_____

11. Previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies).

Name of Agency_____

Address _____

_____

Contact Person _____ Telephone _____

(If more space is needed, please identify on attached sheet)

12. Have you ever been a member of the United States Armed Forces? Yes____ No____

If the answer is "Yes" did you receive a dishonorable discharge? Yes____ No____

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

If the above answer is "Yes", give complete details in the space provided for additional information on the last page (include service branch and service dates).

13. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes____ No____ If "Yes" give details on the attached sheet.

14. Please list three personal references, other than members of this organization, who have known you for at least 3 years.

A. Name _____ Telephone_____

Address_____

B. Name _____ Telephone_____

Address_____

C. Name _____ Telephone_____

Address_____

15. Please list the names of any acquaintances that are members of this organization:

_____

_____

_____

16. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes____ No____

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY OF _____,20____, BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

be used to determine your qualifications for the position for which you are applying; be released to the fire chief and your potential supervisors; and

be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by:

The President of the

New Hackensack Fire Company

217 Myers Corners Road

Wappinger Falls, NY 12590

845- 297-3897

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APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the New Hackensack Fire Company, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the New Hackensack Fire Company whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

_____
(Applicant Signature)

_____
(Applicant Name) (Please Print)

WITNESSED BY:

_____
(Witness Signature)

_____
(Witness Name & Title) (Please Print)