

East Schodack Fire Company
3071 NY Rte 150
East Schodack, NY 12063

Application for Membership

Active Membership In-Active Membership

Date: _____

Name: _____ Date of Birth: ___/___/___

Mailing Address: _____

Street Address: _____

City, State, Zip: _____

Phone #: (Home) _____ (Cell) _____

Email _____ (Carrier) _____

Drivers License #: _____

Social Security #: ____ - ____ - ____

Emergency Contact: _____ Phone #: _____

Sponsor: _____

(Note: 16 & 17 YEAR OLD APPLICANTS MUST COMPLETE THE SPECIAL RULES FORM.)

1. How long have you resided at the above residence? Years: _____ Months: _____

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

3. Are you currently employed? Yes _____ No _____

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

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

Weekdays:

Days _____ Evenings _____ Nights _____

Weekends:

Days _____ Evenings _____ Nights _____

6. Previous emergency service experience: (include only fire, rescue, police and emergency medical service agencies) (if more space is needed, please identify on attached sheet)

Name of Agency: _____

Address: _____

Contact Person: _____

7. Have you ever been a member of the armed service? Yes _____ No _____
If "Yes", did you receive a dishonorable discharge? Yes _____ No _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect 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).

8. Have you ever been convicted or plead 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.

9. List three personal references, other than members of this organization, who have known you for at least three years.

A. Name: _____ Tel. #: _____

Address: _____

B. Name: _____ Tel. #: _____

Address: _____

C. Name: _____ Tel. #: _____

Address: _____

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

11. 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 HERIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEBERSHIP PROCESSING.

In witness whereof, this application has been subscribed this _____

Day of _____, _____ by the undersigned applicant who affirms that the statements made herein are true under penalties of perjury.

Applicant's Signature _____

Date _____

Witnessed By _____

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 will be maintained in a record system 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 personal file (if you become a fire member)
or in our resume file for six months (if you are not a fire 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 fire chief of the East Schodack Fire Company, 3071 NY Rte 150, East Schodack, NY 12063. (518) 479-3366.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I have supplied on my application for membership with the East Schodack Fire Company, I authorize all licensing agencies, education institutions, law enforcement agencies, present and former employees and the military services to disclose their relevant records to the East Schodack Fire Company whether the information be public, private or confidential in nature; and release them from any liability and responsibility from doing so.

This authorization, in original 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's Name Please Print Applicant's Signature Date

Witnessed by:

Name & Title Please Print Signature Date

(For Company Use)

Date of First Reading: ___/___/___

Membership Committee Approval: _____ /___/___
(Signature) (Date)

Fire Company Approval: _____ /___/___
(Signature) (Date)

Fire District Approval: _____ /___/___
(Signature) (Date)

Comments: _____

