

Tuxedo Park Fire Department

2 Contractors Road

Tuxedo, NY 10987

APPLICATION FOR MEMBERSHIP

*To the Officers and Members of the Tuxedo Park Fire Department,
Tuxedo, New York*

I respectfully apply for admission into your Company, and in consideration of such admission, I promise and agree that, if elected, I will abide with the By-Laws and Rules & Regulations of your Company.

Date _____

1. _____
(Last Name) (First Name) (Middle Name)

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

(City, Town, Village) (State) (Zip Code) (Email Address)

3. Telephone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

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.

Weekdays:
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: _____ Tel.(____) _____

Address: _____

B. Name: _____ Tel.(____) _____

Address: _____

C. Name: _____ Tel.(____) _____

Address: _____

15. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The District's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes ____ No ____

16. Initiation fee received Yes ____ Signed _____ Date _____

Current year's dues received Yes ____ Signed _____ Date _____

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

APPLICANT SIGNATURE _____ DATE _____

PROPOSED BY _____ DATE _____

RECOMMENDED BY _____ DATE _____

RECOMMENDED BY _____ DATE _____

RECOMMENDED 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 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 department member) or in our résumé file for six months (if you are not a fire department member).

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

The information will be maintained by Kent Clark, Recording Secretary of the Tuxedo Park Fire Department, 2 Contractors Road, Tuxedo, NY 10987

845-351-2222

Tuxedo Park Fire Department

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Tuxedo Park Fire Department, 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 Tuxedo Park Fire Department 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 Name (Please Print) Applicant's Signature Date

Witnessed by:

Name and Title (Please Print) Signature Date