

GREENVILLE FIRE DISTRICT # 1

GREENVILLE, NY 12083

APPLICATION FOR MEMBERSHIP

_____	_\$5.00_	_____	_____
Date applied	Application Fee	Fire Co Approved	District Approved

I _____ hereby make application to become a member of the Greenville Fire District # 1 for the category below:

Active Member of The Greenville Fire Company (18 years of age or older)_____

Active Member of the Greenville Fire Company w/ restrictions (14-17 years old)_____

Associate Member of the Greenville Fire Company _____

Fire Police of the Greenville Fire Company _____

Auxiliary Member of the Greenville Fire Company _____

I certify that I am a resident of/ work in or reside in the vicinity of the Greenville Fire District # 1 and in good health. I am able to fulfill the physical requirements of the division to which I am applying. If accepted for membership I will abide by the Constitution of the State of New York and the By-Laws of the organization.

Are you presently or have you been a member in another Fire Company _____ Yes _____ No

If **Yes** give name of Fire Company: _____

Address to contact that Fire Company: _____

Contact person name: _____

Telephone Number: _____

IF YOU HAVE BEEN A MEMBER IN MORE THAN ONE PLEASE USE ADDITIONAL SHEET TO LIST INFO

PERSONAL INFORMATION – INCLUDING PHYSICAL RESIDENCE ADDRESS

Date of birth: _____ Social Security # _____

City and State of birth: _____

Home Phone #: _____ Cell Phone #: _____

Mailing Address: _____

Physical residence address: _____

E-mail address: _____

Are you 18 years of age or older? If "NO" state your age: _____

How long have you resided at your current address: _____

How long have you been a residence of New York State: _____

Previous address if less than 5 years: _____

How long did you reside at that address: _____

Do you have a valid New York State Driver License: Yes _____ No _____

Drivers License #: _____ Ht: _____ Wt: _____

Has or is your License ever been suspended or revoked: Yes _____ No _____

Do you have a New York State Non Driver ID Card: Yes _____ No _____

Non Driver ID # _____

Additional information about a change in your name, your maiden name, use of an assumed name, or a nickname is necessary to enable a check on your eligibility for membership. Please list any of these:

Are you currently employed ? Yes _____ No _____

If "YES" give your employer info below:

Company Name: _____

Contact Name: _____

Address: _____

Telephone #: _____

List previous employers for the past 10 years: _____

Have you ever been a member of the United States Armed Forces: Yes _____ No _____

Which branch of the Armed Services: _____

Dates of Service: _____

If **YES** did you receive an Honorable Discharge: Yes _____ No: _____

Dishonorable discharge is not an absolute bar from membership. This and other factors may affect final membership decision.

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these? Yes _____ No _____

If "YES" please give details: _____

NOTE: NYS LAW REQUIRES ALL APPLICANTS MUST HAVE AN ARSON ARREST & SEX OFFENDER CHECK'S DONE BEFORE APPLICATION CAN BE APPROVED

Please list five (5) personal references **other than relatives or current members** who have known you for at least three (3) years. **These persons are to furnish written recommendation before application will be acted on** (letters will be mailed by the organization)

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Please list the names of any acquaintances that are a member of this organization

1. _____
2. _____
3. _____

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The Fire District's Policy is that all fire personnel involved in emergency operations are also to have a physical (firefighters, fire police). A physical will be provided annually free of charge by the Districts designate provider. **The Districts provider is the only accepted one.**

Will you be willing to undergo a medical examination? Yes _____ No _____

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I have supplied on my application for membership, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and past employers, physicians and military services to disclose their relevant records about me to the representatives of the Greenville Fire District # 1, the Greenville Fire Company or Auxiliary, whether the information be of a public, private, or confidential nature and I release them from any liability and responsibility from doing so.

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

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

Applicant's Name (Print)

Applicant's Signature

Date

Witnessed by: _____

Name and Title (Print)

Signature

Date

PRIVACY NOTIFICATION

Section 94 of the Public Officer's Law (personal privacy protection law) requires that you be notified of the following facts:

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

The information obtained will:

1. Be used to determine your qualifications for the position for which you are applying.

2. Be release to the Fire Chief, Fire District Officers, and your potential supervisors.
3. Be maintained in your personnel file (if you become a member) or in your resume file for six months (if you are not approved for membership at which time it will be destroyed)

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

The Records Management Officer of the Greenville Fire District # 1 Greenville NY 12083 will maintain the information.

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 penalty of perjury.

ANY FALSE STATEMENTS MADE ABOVE MAY RESULT IN REJECTION OF THIS APPLICATION. If any statements made on this application are found to be fraudulent after acceptance for membership, the applicant will be expelled (terminated) and no future application will be accepted.

THE APPLICANT MAY NOT PERFORM ANY FUNCTIONS WITH ANY DIVISION UNTIL THE BOARD OF FIRE COMMISSIONERS APPROVES THIS APPLICATION.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

The investigating committee does _____ does not _____ approve the application.

Investigation Committee:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

DATE: _____

COMMISSIONER APPROVAL:

1. _____ 2. _____

3. _____ 4. _____

5. _____

DATE: _____

TELL US ABOUT YOURSELF

WHY YOU ARE INTERESTED IN JOINING:

FAMILY:

WHERE YOU GREW UP:

EDUCATION:

HOW LONG HAVE YOU LIVED IN AREA:

PREVIOUS RESIDENCE:

NAMES OF ORGANIZATIONS YOU MAY BE AFFILIATED WITH:

NAME OF PREVIOUS FIRE DEPARTMENT YOU MAY HAVE BEEN A MEMBER OF:

PREVIOUS FIREMATIC EXPERIENCE AND TRAINING:

ANY OTHER INFORMATION THAT WILL HELP US ON CONSIDERATION OF APPLICATION: