

**PURCHASE FIRE DEPARTMENT, INC.
614 ANDERSON HILL ROAD
PURCHASE, NY 10577**

APPLICATION FOR MEMBERSHIP

Date _____

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

2. _____
(Address)

(City) (State) (Zip)

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

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

5. Are you 18 years of age or older? Yes ___ No ___ If No, state your age _____

6. Are you currently employed? Yes ___ No ___ If "Yes", give the information below
May we contact your employer as a reference? Yes ___ No ___

Name of Company _____

Address _____ Telephone _____

7. Do you possess a valid New York State Drivers License? Yes ___ No ___

If "Yes", please provide your license number: _____

8. 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 ___

9. Previous emergency services experience: (Fire, Rescue and EMS)

Name of Agency _____ Date of Service _____

Address _____

Name of person familiar with your service _____

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10. 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.

11. Have you ever been convicted of or plead guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? If "Yes", give details on attached sheet. Yes___ No___

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

A. Name_____ Telephone_____

Address _____

B. Name_____ Telephone_____

Address _____

C. Name_____ Telephone_____

Address_____

13. Please list the names of acquaintances who are members of this organization:

14. Fire District regulations require that you pass a free physical examination prior to acceptance as a member. Are you willing to undergo a medical examination?

Yes___ No___

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ADDITIONAL INFORMATION

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**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 _____, 200__ BY THE UNDERSIGNED APPLICANT WHO
AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE
PENALTIES OF PERJURY.

Applicant Signature _____ Date _____

Witnessed by: _____ Date _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires you to be notified of the following facts when information, 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, Board of Fire Commissioners and the Membership Committee; 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 _____ of the
Purchase Fire Department, 614 Anderson Hill Road, Purchase, NY 10577
Telephone (914) 253-9044

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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership in the Purchase 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 Purchase 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's Name (Please Print) Applicant's Signature Date

Witnessed by:

Name and Title (Please Print) Signature Date

Sponsored by: _____

COMMITTEE USE ONLY

Interviewed by: _____ Results: Accept Decline

Physical by: _____ Results: Interior Exterior Support

Arson Check: Accept Decline