



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

9. Do you have any previous emergency services experience such as Fire, Rescue or EMS? Please note that while prior experience is certainly positive it is not required for membership.

Name of Agency \_\_\_\_\_ Date of Service \_\_\_\_\_

Address \_\_\_\_\_

Name of person familiar with your service \_\_\_\_\_

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: \_\_\_\_\_ Phone: \_\_\_\_\_

(Circle One: Cell / Home / Work / Other)

Address: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Circle One: Cell / Home / Work / Other)

Address: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Circle One: Cell / Home / Work / Other)

Address: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

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 and a drug screen prior to acceptance as a member. Are you willing to undergo a medical examination and drug screen? Yes\_\_\_ No\_\_\_

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**PLEASE NOTE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO  
ADD ABOUT YOURSELF**

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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 \_\_\_\_\_, 20\_\_ BY THE UNDERSIGNED APPLICANT WHO  
AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE  
PENALTIES OF PERJURY.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_  
Print Name

Witness Signature \_\_\_\_\_

**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.

Information collected about you will be maintained by:

The Current Secretary of the Purchase Fire Department  
614 Anderson Hill Rd.  
Purchase, NY 10577  
Telephone (914) 253-9044

**PURCHASE FIRE DEPARTMENT, INC.**  
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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 as of April 1<sup>st</sup>, 2015 the Purchase Fire District requires any person seeking active membership into the Purchase Fire Department to pass a drug screening test performed by a physician chosen by the Purchase Fire District. By signing below I give my consent to this test authorize the results to be released and reviewed by qualified representatives of the Purchase Fire District.

I understand that this form will accompany requests for official documents and confirmations of my credentials. If elected a member of the Purchase Fire Department, I will obey the Bylaws of the Purchase Fire Department.

Applicant's Name (Please Print)	Applicant's Signature	Date
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Witnessed by:

Name and Title (Please Print)	Signature	Date
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Sponsored by:\_\_\_\_\_

**COMMITTEE USE ONLY**

Interviewed by:\_\_\_\_\_ Result: Acceptable \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Yes / No / Absent)

Physical by:\_\_\_\_\_ Results: Interior / Exterior / Support

Arson Check: Passed / Failed

Sex Offender Check: Passed / Failed

Final Committee Decision: Favorable or Unfavorable | Committee Vote: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Yes / No / Absent)

Date the Candidate is to be Presented to the Membership and Voted Upon\_\_\_\_\_

Final Membership Vote \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Yes / No / Abstain)

Witnessed and Certified by:\_\_\_\_\_  
Membership Committee Title:\_\_\_\_\_  
Signature:\_\_\_\_\_