

Milan Fire-Rescue Membership Application

Date _____

Please check any box that you are applying for;

- | | |
|--|--|
| <input type="checkbox"/> Firefighter (Active/Interior) | <input type="checkbox"/> Firefighter (Active/Non/Interior) |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Fire Police |
| <input type="checkbox"/> Auxiliary | <input type="checkbox"/> Junior Firefighter |

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

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

(Town) (State) (Zip Code)

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

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

5. How long have you resided in New York? Years: ___ Months: ___

6. How long have you resided in Milan Fire-Rescue's coverage area: Years: ___ Months: ___

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

8. 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, please explain _____

9. 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 (____) _____

10. Do you have a valid New York State Drivers License ? Yes___ No ___

License number _____ Expiration date _____

11. Previous emergency services experience: (include only fire, rescue, police and emergency services 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 Services ?

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 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).

13. Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of those offenses?

Yes___ No___ If Yes, give details on 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 _____

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's Signature _____

Date _____

Witnessed by _____

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 supervisor; and

be maintained in your personnel file (if you become a department member) or in our resume file for six months (if you do not become a department 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 Chief of Milan Fire-Rescue, 900 Rt. 199 Milan, NY 12571. (845) 758-9911.