



**Alexander Fire Department, Inc.**

**10505 Main St.  
Alexander, NY 14005**

Membership Type Active _____ Social _____
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**APPLICATION FOR MEMBERSHIP  
(Please Print)**

NAME: (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

AREA CODE – TELEPHONE NUMBER – CELL \_\_\_\_\_ AREA CODE – TELEPHONE NUMBER - HOME \_\_\_\_\_

DRIVERS LICENSE I.D. NUMBER \_\_\_\_\_ CLASS \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ ADDITIONAL SOCIAL MEDIA CONTACT \_\_\_\_\_

**APPLICANT MUST ANSWER ALL OF THE FOLLOWING QUESTIONS**

Are you a legally authorized for employment in the United States? Yes\_\_\_ No\_\_\_

Are you under 18 years of age? Yes\_\_\_ No\_\_\_

Do you have reliable transportation to get to the fire station? Yes\_\_\_ No\_\_\_

How long have you resided at the above address? Years\_\_\_\_\_ Months\_\_\_\_\_

How long have you resided in New York State? Years\_\_\_\_\_ Months\_\_\_\_\_

Previous Address: List previous address if you resided at the above address less than 5 years.

Number and Street \_\_\_\_\_ Apt./Suite No. \_\_\_\_\_

Town/Village \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Military Service: Have you ever been a member of the United States Armed Forces? Yes\_\_\_ No\_\_\_  
If the answer is "Yes" please complete the following.

Service Branch \_\_\_\_\_ Service Dates \_\_\_\_\_

Education: Indicate the highest-grade level of education completed:

Grade School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

State degree or certificate awarded: \_\_\_\_\_

Employer: Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

May we contact your employer as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please indicate your availability to participate in Fire Department activities:  
(Emergency calls, meetings, training, work details, and events)

Monday through Friday: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Saturday and Sunday: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Previous Experience: Complete the following only if you have any previous experience with an emergency service provider  
(include fire, rescue, police, and emergency medical services).

Name of Agency: \_\_\_\_\_

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

Training: List any training, education, and/or courses that you have completed that relate to emergency services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Background: Will you be willing to submit to a background check Yes \_\_\_ No \_\_\_  
If you answered "Yes" please list any previous names / surnames:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three personal references, other than members of this organization, who have known you for at least 3 years.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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



**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

In order to confirm the information I supplied on this application for membership with the Alexander Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and the military service to disclose their relevant records pertaining to me to the Alexander Fire Department whether the information be public, private or confidential in nature. Thus I release the aforementioned agencies, companies, services and institutions from any liability and responsibility from disclosing any relevant records.

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.

Knowingly making a false written statement is a crime and punishable under NYS Penal Law §210.45

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if under 18 (Please Print)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public