

Alexander Fire Department, Inc. 10505 Main St. Alexander, NY 14005

Membe	ership Type
Active	Social

APPLICATION FOR MEMBERSHIP (Please Print)

NAME: (First))	(M	iddle Initial)		(Last)
CURRENT AD	DRESS:	(Street)	(City)	(State)	(Zip Code)
AREA CODE – TELEPHONE NUMBER – CELL AREA		CODE – TELEPHONE NUMBER - HOME			
DRIVERS LIC	CENSE I.D. NU	JMBER	CLASS	STATE	E EXPIRATION DATE
EMAIL ADDR	RESS		ADDITIONAL SOCIAL MEDIA CONTACT		
	APP	LICANT MUST ANSWI	ER ALL OF THE F	OLLOWING QUESTI	ONS
Are you a leg	gally authoriz	ed 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?			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 Add	dress: L	ist previous address if you	resided at the above	address less than 5 years	S.
	1	Number and Street			Apt./Suite No.
	-,	Town/Village	State		Zip Code
Military Service:	Have you If the answ	Have you ever been a member of the United States Armed Forces? If the answer is "Yes" please complete the following.		ned Forces? Yes	No
	Service B	ranch	Service l	Dates	
Education:			1 2 1 1		
Education:	Indicate t	he highest-grade level of e	ducation completed:		
Education:		he highest-grade level of e hool High Schoo	•		

Employer:	Company Name:					
	Address:					
	Telephone: ()		Fax: ()			
	May we contact your emplo	yer as a reference	? Yes No			
	If Yes, Contact Name:		T	itle:		
	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	n, and/or courses	that you have comple	eted that relate to emergency serv	ices.	
-						
Background:	Will you be willing to subm	it to a background	l check	Yes No		
J	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					
	years.					
	years.					
	Name:		Tele	phone:		
	Address:			onship:		
	Name:		Tele	phone:		
	Address:		Relati	onship:		
	Name:		Telep	hone:		
	Address:		Relati	onship:		

	List the names of any	acquaintances that are members of The A	Alexander Fire De	partment:
Physicals:	may be required to under physician designated by	ysical examination for Active Membersl rgo testing for illegal or controlled substa Alexander Department to ensure they are to the cost of the medical examination.	ances. All physica	ls will be conducted by a
		this medical examination?	Yes	No
Additional Information:	consideration of yourself	nation about yourself or your interests the for membership in the Alexander Fire I his application if more space is required.	•	pe relevant in the
and will be	used only for internal men	aw, all information contained or obtained or obtained bearship processing. ment is a crime and punishable under N		
33	8	1	3	
Applicant's	Name (Please Print)	Applicant's Signature	_	Date
Parent or Guardi	an if under 18 (Please Print)	Parent or Guardian if under 18 Signature	_	Date

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 records system, is collected from you.

- (1) The authority to request and confirm personal information about you is found in Article 6 of Executive Law.
- (2) The information obtained will:
 - (a) Be used to determine your qualifications for the position for which you are applying.
 - (b) Be released to the Fire Chief and President of the Alexander Fire Department, Inc.
 - (c) Be maintained in your personal file permanently if you become a Fire Department Member or for an appropriate period of time if you do not become a member.
- (3) Failure to provide the information or authorization will result in dismissal of your application for membership.

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 statemen	nt is a crime and punishable under NY	S 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	<u>.</u> .	
Notary Public	_	