

**FORT MONTGOMERY FIRE DEPARTMENT, INC.**  
**865 RTE 9W PO BOX 235**  
**FORT MONTGOMERY, NY 10922**

APPLICATION FOR MEMBERSHIP  
CHECK WHICH TYPE OF MEMBERSHIP APPLIES

ACTIVE\_\_\_\_ JUNIOR\_\_\_\_ SOCIAL\_\_\_\_

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_ Age\_\_\_\_\_  
Home Address\_\_\_\_\_  
PO Box\_\_\_\_\_ Home Phone#\_\_\_\_\_ How Long At Above Address\_\_\_\_\_  
Social Security#\_\_\_\_-\_\_\_\_-\_\_\_\_\_ Marital Status\_\_\_\_\_  
In Case of Emergency Contact\_\_\_\_\_ Relationship\_\_\_\_\_  
Name of Employer\_\_\_\_\_ Phone#\_\_\_\_\_  
Position\_\_\_\_\_ Can You Be Reached At Work\_\_\_\_\_  
Do You Work Shifts\_\_\_\_\_ Normal Business Hours\_\_\_\_\_  
Have You Ever Been Convicted Of A Felony? \_\_\_\_ If So Please Give Details and Dates  
\_\_\_\_\_  
Have You Had Any Previous Fire Fighting Experience\_\_\_\_\_ If So What Department and  
Address\_\_\_\_\_  
Years of Experience\_\_\_\_\_ Positions Held\_\_\_\_\_  
Reasons for Leaving\_\_\_\_\_  
Would You Object To A Urine Test During Your Physical? \_\_\_\_  
Height\_\_\_\_\_ Weight\_\_\_\_\_ Blood Type\_\_\_\_\_  
Any Physical Limitations/Ilnesses? \_\_\_\_ If Yes Please Explain \_\_\_\_\_  
\_\_\_\_\_

JUNIOR MEMBERSHIP (16-17 YEARS OF AGE)

Name of School Attending\_\_\_\_\_  
Address of School\_\_\_\_\_  
Signature of Parent\_\_\_\_\_

If Applying For Social Membership Please Provide Reasons for Same: \_\_\_\_\_  
\_\_\_\_\_

It is understood that if this application is approved, I agree to comply with all rule,  
regulations and By-Laws of the Fort Montgomery Fire Department

Signature of Applicant\_\_\_\_\_

**For Department Use Only:**

Applicant Proposed By \_\_\_\_\_, At Meeting On \_\_\_\_\_  
Date Of Interview\_\_\_\_\_ Date Presented To Body\_\_\_\_\_  
Accepted\_\_\_\_ Rejected\_\_\_\_\_ Date Entered On Rolls\_\_\_\_\_  
Screening Committee:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Vice President      Captain                      Trustee                      Member

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**PRIVACY NOTIFICATION**

Section 94 of the Public Officer 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.

1. The authority to request and confirm personal information on you is found  
In Article 6 of the Executive Law.
2. The information obtained will be:
  - A. Be used to determine your qualifications for the position for which you are applying.
  - B. Be maintained in your personal file provided you become a fire 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 Secretary of the Fort Montgomery Fire Department.

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

In order to confirm the information I supplied on my application for membership with the Fort Montgomery Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former organizations, and the military services to disclose their relevant records about me to the Fort Montgomery Fire Department whether the information be of a 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.

Applicants Name (Please Print) \_\_\_\_\_

Applicants Signature and Date \_\_\_\_\_

Proposed Fire Fighters Name \_\_\_\_\_

Proposed Fire Fighters Signature and Date \_\_\_\_\_