

FORT MONTGOMERY FIRE DEPARTMENT

865 Route US 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: _____ Maiden Name (if applicable): _____

Home Address: _____

Address Home City State Zip Code

PO Box: _____ Phone: _____ Cell Phone: _____

Email Address: _____ Years at Above Address: _____ Marital Status: _____

Social Security Number: _____

Place of Birth: _____

Emergency Contact: _____ Relationship: _____ Business Phone Number: _____

Employer: _____

Position of Employment: _____

Can you be reached at work: _____

Do you work shifts: _____ Normal Business Hours: _____ Would you object to a urine test during your physical: _____

Have you ever been convicted of a felony? _____ If so, please provide details and Dates: _____

Have you had any previous firefighting experience? _____ If so, what Department and Department address? _____

Years of Experience: _____

Position(s) Held: _____ Reason(s) for Leaving: _____

How do you identify? _____ Height _____ Weight _____

Blood Type: _____ Do you have any physical limitations and/or illnesses? If yes, please explain _____

Junior Membership (16-17 Years of Age)

Name of school currently attending? _____

Address of School? _____

Signature of Parent/Guardian: _____

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Social Membership

If applying for Social Membership, please provide reasoning: _____

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.

This 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 public, private, or of 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.

Applicant's Name (Please Print): _____

Applicant's Signature: _____ **Date:** _____

Proposing Firefighter's Name: _____

Proposing Firefighter's Signature: _____ **Date:** _____

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FOR DEPARTMENT USE ONLY

Pursuant to the Fort Montgomery Fire Department's Constitution and By Laws, Article VII, Section 6, Each Applicant will be interviewed and evaluated by the Screening Committee, of which, at least three of this committee's members must be present.

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

Signature of Applicant: _____

Application Proposed By: _____, At Meeting on _____

Date of Applicant Interview: _____

Date Presented to the Body: _____

Applicant Accepted _____

Applicant Rejected _____

Date Applicant is entered onto the Rolls _____

Vice President _____

Captain _____

Trustee _____

Member _____

Additional Notes Relevant to this Applicant: