

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
Maiden Name (If Applicable)
Home Address
PO Box Home Phone# Years at Above Address
Social Security# Marital Status Place of Birth
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? Skin Tone:
Height Weight Blood Type RACIAL APPEARANCE
White Black Am. Indian Japan Chinese Other
Any Physical Limitations/Illnesses? 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:

FORT MONTGOMERY FIRE DEPARTMENT, INC.

865 RTE 9W PO BOX 235

FORT MONTGOMERY, NY 10922

Vice President

Captain

Trustee

Member

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 _____