

BANKSVILLE INDEPENDENT FIRE COMPANY, INC.



SERVING NEW YORK AND CONNECTICUT
33 BEDFORD-GREENWICH RD, BEDFORD, NEW YORK 10506
FIRE CALL IN NY 911 BUSINESS 914 234-7104 FIRE CALL IN CT 911

APPLICATION FOR MEMBERSHIP

DATE _____

AREA OF INTEREST: ___ Firefighting ___ Emergency Medical Services ___ Administration

1. _____
Last Name First Name M.I.

2. _____
Address Apt./Suite #

City, Town or Village State Zip Code

3. Telephone #: Cell (_____) _____ E-mail _____

4. Social Security # _____

5. How long have you resided at the above address? Years: _____ Months _____

6. Are you 18 years of age or older? Yes ___ No ___ If NO, state your age: _____

7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes ___ No ___
If "yes", explain:

8. Are you currently employed? Yes ___ No ___ If "yes", give employer information below.
May we contact your employer as a reference? Yes ___ No ___

Name of Company _____ Contact Person _____

Address _____ Telephone # _____

9. Do you have a valid state issued Driver's License? Yes ___ No ___

If so, ID# _____ State _____

10. Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls). Please check the appropriate time periods.

Week Days: Days ___ Evenings ___ Nights ___ Week Ends: Days ___ Evenings ___ Nights ___

11. Previous emergency services experience: (include only fire, rescue, police and emergency medical service agencies).

Name of Agency _____

Address _____

Contact Person _____ Telephone # _____

(If more space is needed, please identify on attached sheet)

12. Please list any additional information that relates to your ability to perform the position for which you have applied (experiences, skills, training or other qualifications).

13. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one these offenses?

Yes ___ No ___ If "yes", give details on the attached sheet.

14. In your own words, why are you interested in joining Banksville Independent Fire Company?

15. Please list two personal references, other than members of this organization, who have known you for at least 3 years.

A. Name _____ Telephone # _____

Address _____

B. Name _____ Telephone # _____

Address _____

16. Please list the names of any acquaintances that are members of this organization:

ADDITIONAL INFORMATION

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**WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED
HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP
PROCESSING**

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY
OF _____, 20____ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE
STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE _____

DATE _____

WITNESSED BY _____

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 a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

be used to determine your qualification for the position for which you are applying;

be released to the fire chief and your potential supervisors; and

be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you are not a fire company 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 Fire Chief of the Banksville Fire Company, 33 Bedford-Banksville Road, Bedford, NY 10506. Telephone # (914) 234-7104. E-mail: Chief@banksvillefire.org

APPENDIX A

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Banksville Fire Company, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Banksville Fire Company whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization shall be valid for this and any future information, reports or updates that may be requested.

I understand that a copy of this signed form will accompany requests for official documents and confirmations of my credentials.

Applicant Name (please print) Applicant's Signature Date

Witnessed By:

Name and Title (please print) Signature Date