

# 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 #: Home(\_\_\_\_\_) Work(\_\_\_\_\_) \_\_\_\_\_

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

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. Please list three 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 \_\_\_\_\_

C. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

15. 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 \_\_\_\_\_, 19\_\_\_\_ 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.

