

W. K. MANSFIELD HOSE COMPANY
West Crescent Fire District

Application For Membership

Date: _____

Name: _____

Street: _____ City: _____

How long have you resided at the above address: _____

How long have you resided in New York State _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Are you 18 yrs old? Yes ___No___ If NO your age: _____

Email Address: _____

Are You Currently Employed: _____Yes _____No

If yes, provide employer information below. May we contact your
employer as a reference? _____Yes _____No

Employer: _____ Contact Phone: _____

Supervisor: _____

Do you have a valid New York State Drivers License? ___Yes ___No

Do you have past experience in the emergency medical services (Fire or
EMS)? If yes, please describe:

Agency: _____ No of Years: _____

Supervisor Chief: _____ Highest Rank: _____

Current Physical Condition: _____

Restrictions: _____

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REFERENCES:

Please list three people, other than members of this organization and family who have known you for at least three years:

1. Name: _____
Phone: _____
Address: _____
Email address: _____

2. Name: _____
Phone: _____
Address: _____
Email address: _____

3. Name: _____
Phone: _____
Address: _____
Email address: _____

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

Have you ever been a member of the armed forces: ___Yes ___No

If yes, did you receive a dishonorable discharge**? ___Yes ___No

Have you ever been convicted or pled guilty to a felony and/or misdemeanor, insurance fraud, arson or a reduction of one of those offenses?* ___Yes ___No

* Supporting documentation may be required at time of interview

** Dishonorable discharge is not an absolute bar to membership, this and other factors will effect a final membership decision

OSHA regulations require that you pass a physical examination before becoming an active member of this department. The department will provide this examination at no charge to you which will include a drug test. Will you be willing to undergo such an examination? _____Yes ___No

Within the Freedom on Information Law, all information contained/or obtained herein will be confidential and will be used only for internal membership processing.

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 _____, BY THE UNDERISGNEED 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.

Information obtained will:

Be used to determine your qualifications 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: *W. K. Mansfield Hose Company of the West Crescent Fire District, 1440 Crescent Road, Clifton Park, NY 12065. 518-471-7478.*

W. K. MANSFIELD HOSE COMPANY

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

In order to confirm the information supplied on my application for membership with the *W. K. Mansfield Hose 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 *W. K. Mansfield Hose 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, 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)

Applicant's Signature (please print)

Witnessed by:

Name and Title (please print)

Signature (please print)

FOR OFFICAL USE ONLY

Membership Committee members present were:

1. _____

2. _____

3. _____

4. _____

Application Approved: Yes No

If no, please explain:

Board of Fire Commissioner's

1. _____

2. _____

3. _____

4. _____

Chairman of the Board of Fire Commissioners: _____

Date: _____