

SOUTH SCHENECTADY FIRE DEPARTMENT

6 OLD MARIAVILLE ROAD
SCHENECTADY, NEW YORK 12306

Telephone 355-7720
Fax 355-9789

APPLICATION FOR MEMBERSHIP

Date: _____

Last Name First Name MI

Address Apt./Suite #

City, Town, Village State Zip Code

Telephone: HOME (____) _____ WORK (____) _____

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

How long have you been a resident of New York State? Years: _____ Months: _____

Are you 18 years of age or older? Yes: No: Date of Birth: _____

Do you have an assumed name or nickname? Yes: No: If "Yes", explain below:

Are you currently employed? Yes: No: If "Yes", fill out information below:

Name of company: _____

Address: _____ Phone: _____

Do you have a valid NYS driver's license? Yes: No: ID# _____ CLASS _____

Indicate your availability to participate in fire department activities.

Weekdays: Days: Evenings: Nights:

Weekends: Days: Evenings: Nights:

Have you ever been a member in the United States Armed Forces? Yes: No:

If you answered "Yes", were you discharged honorably? Yes: No:

If answer is "No", give details in space on last page of application (include service branch and service dates).

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? Yes: No: If "Yes", give details in space on last page of application.

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APPLICATION FOR MEMBERSHIP (CONT.)

Do you have any previous emergency service experience (fire, rescue, police, EMS)? Yes: No:

If "Yes", describe briefly: _____

Contact Person: _____ Phone: _____

Please list three references other than immediate family members or members of this department, who have known you for at least three (3) years:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

List the names of any acquaintances, who are members of this department:

OSHA regulations require that all persons pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free examination if you so choose.

Would you be willing to undergo a medical examination by our department physician? Yes: No:

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Use the space below for any additional information.