

SOUTH SCHENECTADY FIRE DEPARTMENT

6 OLD MARIAVILLE ROAD
SCHENECTADY, NEW YORK 12306

Telephone 355-7720
Fax 355-9789

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.