

Pocantico Hills Fire District
Hilltop Engine Company, No. 1
531 Bedford Road Sleepy Hollow NY 10591

APPLICATION FOR MEMBERSHIP

_____ (Last Name)	_____ (First Name)	_____ (M.I.)
_____ (Address)		
_____ (City, Town, Village)	_____ (State)	_____ (ZIP Code)
Telephone: _____	Cell Phone _____	

How long have you resided at the above address? _____

How long have you resided in New York State? _____

Please list your addresses for the past ten (10) Years.

Are you 18 years of age or older? _____ If no, state your age: _____*

*Applicants age of 16 or 17 are applying as a Restricted Active Member

Is there additional information about a change in your name or use of an assumed name or nickname necessary to enable us to check your eligibility for membership? Yes ____ No ____

If yes explain.

Do you have a valid New York State Driver's License? Yes ____ No ____

Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls).

Please check appropriate time periods:

Week Days:

Days ____

Evenings ____

Nights ____

Weekends:

Days ____

Evenings ____

Nights ____

Please list any previous emergency services experience. Include only fire, rescue, police and emergency medical services agencies.

_____ Years Served: _____ Contact Person: _____

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_____ Years Served: _____ Contact Person: _____

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or reduction of one of these offenses? Yes ___ No ___ If yes, please provide the details on a separate paper.

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

Name: _____ Telephone#: _____

Name: _____ Telephone#: _____

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

Recommended by: _____

OSHA regulations require that you pass a medical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes ___ No ___

In witness whereof, this application has been subscribed this _____ day of _____, by the undersigned applicant who affirms that the statements provided are true under the penalty of perjury.

Applicant's 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 the information which will remain in a record system is collected from you:

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

The 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 filed with the secretary of the Pocantico Hills Fire District, 531 Bedford Road, Sleepy Hollow, N.Y. 10591.

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Applicant's Authorization for Release of Information

In order to confirm the information I supplied on my application for membership with the Hilltop Engine Company, No. 1, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and past employers, and the military service to disclose their relevant records about me to the Pocantico Hills Fire District whether the information be of public, private or confidential nature; and release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any further information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and conformations of my credentials.

Applicant Name: _____ Applicant's Signature; _____

Witnessed by:

Name and Title: _____

Signature: _____