

# Schuyler Heights Fire Company

900 First Street Watervliet, N.Y. 12189

518-271-7851

## Application For Membership

Date \_\_\_\_\_

1. \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

2. \_\_\_\_\_  
Address) (Apt./Suite No.)

3. Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Home) (Work)

4. How long have you resided at your current address? Years \_\_\_ Months \_\_\_

5. How long have you resided in New York State? Years \_\_\_ Months \_\_\_

6. Are you 18 years 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 please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you currently employed? Yes \_\_\_ No \_\_\_

If Yes give organization below. May we contact the organization as a reference?  
Yes \_\_\_ No \_\_\_

Please list two employers starting with the most recent.

Name of Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Tel.# \_\_\_\_\_

Name of Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Tel.# \_\_\_\_\_

Please give hours of employment. Days \_\_\_\_\_ Nights \_\_\_\_\_

9. Do you have a valid New York State Drivers License? Yes \_\_\_ No \_\_\_

10. Have you ever been a member of the United States Armed Forces?

Yes \_\_\_ No \_\_\_ If yes Service Branch \_\_\_\_\_

Served From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_

11. Have you ever been convicted or pled guilty to a felony or misdemeanor (do not include traffic offenses)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes givedetails: \_\_\_\_\_  
\_\_\_\_\_

12. Please list three personal references, *other than members of the organization*, who have known you for at least 3 years.

Name: \_\_\_\_\_ Tel.# \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Tel.# \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Tel.# \_\_\_\_\_  
Address: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History: You will be required to pass a physical at our company physician at the expense of the Schuyler Heights Fire District. Included will be a fit test and possibly a drug screen may be required.

14. Do you have any disability which would hinder your performance of the essential functions required in the volunteer fire service for which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been a member or applied for membership in any volunteer fire company? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please list name of company, address, phone number, and length of service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(please attach a copy of resignation and any certificates of training)

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further I understand and agree that my membership can be terminated at any time by not meeting all required attendance criteria:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_