

# Milan Fire-Rescue Membership Application

Date \_\_\_\_\_

Please check any box that you are applying for;

- |  |  |
|--|--|
| <input type="checkbox"/> Firefighter (Active/Interior) | <input type="checkbox"/> Firefighter (Active/Non/Interior) |
| <input type="checkbox"/> Emergency Medical Services    | <input type="checkbox"/> Fire Police                       |
| <input type="checkbox"/> Auxiliary                     | <input type="checkbox"/> Junior Firefighter                |

1. \_\_\_\_\_  
(Last Name ) (First Name) (MI)

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

\_\_\_\_\_  
(Town) (State) (Zip Code)

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

4. How long have you resided at the above address? Years: \_\_\_ Months: \_\_\_

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

6. How long have you resided in Milan Fire-Rescue's coverage area: Years: \_\_\_ Months: \_\_\_

7. Are you 18 years of age or older? Yes \_\_\_ No \_\_\_ If no, state your age. \_\_\_\_\_

8. 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 \_\_\_\_\_

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

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

If Yes, give employer information below.

May we contact your employer as a reference? Yes\_\_\_ No\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

License number \_\_\_\_\_ Expiration date \_\_\_\_\_

11. Previous emergency services experience: (include only fire, rescue, police and emergency services agencies).

Name of agency \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

(If more space is needed, please identify on attached sheet)

12. Have you ever been a member of the United States Armed Services ?

Yes\_\_\_ No\_\_\_ If the answer is Yes, did you receive a dishonorable discharge?  
Yes\_\_\_ No\_\_\_ Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision. If the above answer is Yes, give complete details in the space provided for additional information on the last page. (Include service branch and service dates).

13. Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of those offenses?

Yes\_\_\_ No\_\_\_ If Yes, give details on attached sheet.

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

A. Name \_\_\_\_\_ Tel.# \_\_\_\_\_

Address \_\_\_\_\_

B. Name \_\_\_\_\_ Tel.# \_\_\_\_\_

Address \_\_\_\_\_

C. Name \_\_\_\_\_ Tel. # \_\_\_\_\_

Address \_\_\_\_\_



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 \_\_\_\_\_, 20\_\_\_\_ by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_

#### 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. 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 supervisor; and

be maintained in your personnel file (if you become a department member) or in our resume file for six months (if you do not become a department member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by the Chief of Milan Fire-Rescue, 900 Rt. 199 Milan, NY 12571. (845) 758-9911.