

HIGHLAND FALLS FIRE DEPARTMENT MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Place of birth:

Phone:

Current address:

City:

State:

ZIP Code:

Drivers License No. & State:

SSN:

Are you a resident of the fire district:

Date became a resident:

E-mail:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-Mail:

Fax:

City:

State:

ZIP Code:

EMERGENCY CONTACT

Name of a emergency contact:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

FORMER FIRE DEPARTMENT MEMBERSHIP

Name of former Fire Department (if any):

Department address:

How long?

City:

State:

ZIP Code:

Phone:

Position/Offices Held (if any):

Date of termination:

Reason for leaving:

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? YES / NO

If yes, provide a full explanation:
(on an attached sheet of paper if needed)

REFERENCES

(LIST THREE PERSONS THAT ARE NOT RELATED TO YOU AND ARE NOT HIGHLAND FALLS FIRE DEPARTMENT MEMBERS)

Name

Address

Phone

SIGNATURE

Falsification of any of the above statement will void this application.

Applicant must have a physical examination relative to his/her duties in the Fire Department prior to any participation.

The Highland Falls Fire Department will pay for the physical exam.

I agree to abide by the by-laws and rules and regulations of the Highland Falls Fire Department if accepted as a member.

Applicant's signature authorizes the Highland Falls Fire Department to conduct a background investigation.

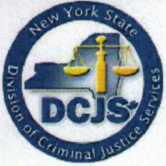
Signature of applicant:

Date:

| SIGNATURE REQUIRED OF FOUR ACTIVE FIREFIGHTERS IN GOOD STANDING FOR THIS APPLICATION | |
|--|-----------|
| Name | Signature |
| | |
| | |
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| COMMITTEE REPORT | |
|---|-----------|
| Your Committee wishes to report that they have inquired into the character and competency of the applicant for membership and: recommends acceptance____, do not recommend acceptance_____. | |
| Name | Signature |
| Chief | |
| 1 st Assistant Chief | |
| 2 nd Assistant Chief | |
| Captain | |
| 1 st Lieutenant | |
| 2 nd Lieutenant | |
| President | |
| Vice President | |
| Secretary | |
| Treasurer | |
| Financial Secretary | |
| Property Officer | |
| Chairman, Board of Directors | |
| Board of Directors | |
| Board of Directors | |
| Board of Directors | |
| Board of Directors | |
| Board of Directors | |
| Board of Directors | |
| Board of Directors | |
| Board of Directors | |

| | |
|--------------------------------------|--|
| Date Read off to membership: | |
| Date voted on for membership: | |
| Date of Physical Exam and result: | |
| Date of Background Check and result: | |



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M

F

5. RACIAL APPEARANCE

White

Black

Indian

Asian

Unknown

Other

6. ETHNICITY

Hispanic

Not Hispanic

Unknown

7. HEIGHT

Ft.

In.

8. DATE OF BIRTH

Month

Day

Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
(PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

☐ NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION

☐ CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER

RESULTS OF INQUIRY