



Boght Community Fire Department

1095 Loudon Road
Cohoes, NY 12047

Phone: (518) 785-0339
Fax: (518) 785-0311

APPLICATION FOR MEMBERSHIP

Approved by membership:

Number of Yes votes _____

Number of No votes _____

SEAL

Date of Probation

Date approved by Board of Commissioners

1. _____ Date _____

(Last Name) (First Name) (M.I.)

2. _____

(Address)

(City, Town, Village) (State) (Zip)

3. Telephone (____) _____ (____) _____ (____) _____
Home Work Cell

E-mail _____

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

5. How long have you resided in New York State? Years: _____ Months: _____

6. Are you 18 years of age 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" explain: _____

8. 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 _____ Contact name _____

9. Do you have a valid New York State Driver's License? Yes _____ No _____

10. 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 _____

11. Previous emergency service experience: (include only fire, police and emergency medical service agencies).

Name of Agency: _____

Address: _____

Contact person: _____ Telephone: _____

If more space is needed, please identify on Page 3.

12. Have you ever been a member of the United State Armed Forces? Yes _____ No _____

If "Yes" did you receive an honorable discharge? Yes _____ No _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

If the above answer is "Yes" give complete details in the space provided for additional information on Page 3 (include service branch and service dates).

13. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offences? Yes _____ No _____ If "Yes" give details on Page 3.

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

A. Name: _____ Telephone: _____

Address: _____

B. Name: _____ Telephone: _____

Address: _____

C. Name: _____ Telephone: _____

Address: _____

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

16. OSHA regulations require that you pass a physical 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 _____

ADDITIONAL INFORMATION

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 _____ (month), _____ (year) by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

Applicant's signature _____

Date: _____

Witnessed by _____

Print witness' name _____

Date: _____

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.

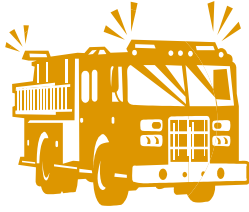
The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

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 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 maintained by the Boght Community Fire Department, 1095 Loudon Road, Cohoes, NY 12047. Telephone: 518-785-0339.



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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 Boght Community Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and the military services to disclose their relevant records about me to the Boght Community Fire Department whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

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

I understand that this form will accompany request for official documents and confirmations of my credentials.

Applicant's Name (please print)

Applicant's Signature

Date

Witnessed by:

Name and Title (please print)

Signature

Date