

TOWN OF MAMARONECK FIRE DEPARTMENT

A \$5.00 FEE TO BE
SUBMITTED WITH
APPLICATION



HEADQUARTERS
205 WEAVER STREET
LARCHMONT, NEW YORK 10538
834-2100 EMERGENCY
834-2101 - NON EMERGENCY
834-0922 - FAX

APPLICATION FOR MEMBERSHIP

DATE: _____

1. Last Name: _____ First Name: _____ MI: _____

2. Address: _____ APT/SUITE: _____

3. City: _____ State: _____ Zip Code: _____

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

5. Are you 18 years of age or older ? YES _____ NO _____ if No, state your age: _____

6. Do you have a New York State Drivers License? YES _____ NO _____

7. 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 _____

8. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighters. The department's designated Physician will provide you a free medical examination. Will you be willing to undergo a medical examination ? YES _____ NO _____

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

Name of Agency: _____

Address: _____

Contact Person: _____

NOTE: If more spaces is needed, please identify on attached sheet.

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

11. Have you ever been convicted of a felony or misdemeanor ? YES _____ NO _____ if "YES" give details on the attached sheet.

12. Please list three personal references, other than members of this 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.

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 _____, 2000 BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT 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 information, which will be maintained in a record system, is collected from you.

The authority to request and confirm personal information on you is found in article 6 of Executive Law.

The information 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 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 secretary of the Town of Mamaroneck Fire Department will maintain the information.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the TOWN OF MAMARONECK FIRE DEPARTMENT. I authorize all licensing agencies, education institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the TOWN OF MAMARONECK FIRE DEPARTMENT whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

Last Name: _____ First Name: _____ MI: _____

Street Address : _____

City: _____ State: _____ Zip: _____

Nickname: _____ Alias: _____ Sex: M F

Circle Skin Tone: light med. dark Height: ____ ft ____ in. DOB: ____/____/____ AGE: _____

Place of Birth: _____ SS Number: _____

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 requests for official documents and confirmations of my credentials.

Applicants Name: _____ Signature: _____
Date

Witnessed by:

Name and Title: _____ Signature: _____
Date