



West Windsor Fire Co. INC

9 Karla Drive Windsor New York 18613 Phone (607) 775-4430 Fax (607) 775-2412

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

2. _____
(Address) (Apt. / Lot #)

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

3. (_____) - _____ (Phone) _____ - _____ (SS #)

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 eighteen 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 and 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 Student? YES / NO
If yes, give employer or school information below.

(Name of Company and or School)

(Address) (Telephone) -

May we contact your employer or school as a reference? Yes / No

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

New York Drivers License # _____

10. Previous emergency services experience: (Include only fire, rescue, police, and EMS agencies)

(Agency Name) (Contact Person) (Phone)

(Agency Name) (Contact Person) (Phone)

11. Have you ever been a member of the United States Armed Forces? Yes / No

12. Dishonorable discharge is not an absolute bar to membership. This and other factors may effect a final membership decision.

13. If the above answer is Yes, give complete details in the space provided on the additional sheet provided.

14. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes / No
If YES give details on the additional sheet provided.

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

(Name) (Address) (Phone)

(Name) (Address) (Phone)

(Name) (Address) (Phone)

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

(Name) (Name)

(Name) (Name)

17. 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

18. All new members are required to take a standard drug test. Are you willing to take this test. Yes / No

Within the freedom of information law, all information contained and 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
(Day)
of _____, _____ by the undersigned applicant who affirms that the
(Month) (Year)
statement made herein are true under the penalties of perjury.

Applicant Name _____
(Print)

Applicant Signature _____
(Sign)

Date _____

Witnessed By _____
(Print)

Witnessed Signature _____
(Sign)

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 six 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 Chief and or Staff of the West Windsor Fire Co. INC. 9 Karla Drive Windsor New York 13865.