

LEAVE THESE FIELDS BLANK

Date Received \_\_\_\_\_

Fee Received \_\_\_\_\_

By \_\_\_\_\_

# YORKTOWN HEIGHTS ENGINE CO. NO. 1

## APPLICATION FOR MEMBERSHIP

LEAVE THESE FIELDS BLANK

DEPARTMENT \_\_\_\_\_

Approved by \_\_\_\_\_

Disapproved by \_\_\_\_\_

PLEASE WRITE OR TYPE CLEARLY

Date Submitted to Board \_\_\_\_\_

Answer all questions fully and carefully in Ink or on typewriter. Some questions can be answered with an 'X' in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

**1. FULL NAME**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City, Town, Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE OF ADDRESS

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

1 b. How long have you resided in New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

2. Phone No. \_\_\_\_\_ 3. Are you 18 years of age or older? Yes  No

4. Please list three (3) personal references other than family or members of this department:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Bus. Phone \_\_\_\_\_

5. Have you any objections to this department making inquiry regarding your character and qualifications from

(A) Your former employers? (A) Yes  No

(B) Your present employer? (B) Yes  No

If answer is "Yes" to either (a) or (b) explain.

6. Are you authorized to be employed in the United States? Yes  No

7. 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 an attached sheet

8. Have you ever been convicted of, or pled guilty to the crime of arson? Yes  No

9. SERVICE IN ARMED FORCES Yes  No

(A) Have you ever served in the armed forces of the U.S.? (A) Yes  No

(B) If Yes, have you ever received a discharge from such forces which was other than honorable? (B) Yes  No

If answer is "Yes", give full particulars on additional sheet.

(C) Date of entry into active service (C) \_\_\_\_\_

(D) Date of discharge (D) \_\_\_\_\_

(E) Service serial number (E) \_\_\_\_\_

10. Were you ever a member of another Fire Department? If answer is "Yes", give full particulars. Yes  No

11. Have you a license, certificate, or other authorization to practice a trade or profession? Yes  No

Name of trade or profession \_\_\_\_\_

Granted by \_\_\_\_\_

(Licensing agency) \_\_\_\_\_ City or State \_\_\_\_\_

12. Do you possess a valid drivers license? Yes  No

State \_\_\_\_\_ Class \_\_\_\_\_ Expires \_\_\_\_\_

13. LENGTH OF EMPLOYMENT - PRESENT From: _____ To: _____	Firm Name _____	Address _____	City and State _____
	Type of Business _____	Your Title _____	Name and Title of Immediate Supervisor _____
14. LENGTH OF EMPLOYMENT - FORMER From: _____ To: _____	Firm Name _____	Address _____	City and State _____
	Type of Business _____	Your Title _____	Name and Title of Immediate Supervisor _____

15. EDUCATION: (if more space is required for full explanation, attach additional sheets.)

Type of School	Name of School and Location	No. of Yrs. Completed	Were You Graduated?
High School			
College, Univ., Prof. or Tech.			
Other Schools or special courses			

16. Application Fee \$25.

17. Please list the names of any acquaintances, that are members of this organization.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The departments designated physician will provide you with a free medical examination, including blood and urine testing. Will you be willing to undergo a medical examination? Yes  No

19. DECLARATION: I declare, subject to the penalties of perjury, that the above statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_