

LEAVE THESE FIELDS BLANK

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Date Received _____

Fee Received _____

By _____

YORKTOWN HEIGHTS ENGINE CO. NO. 1

APPLICATION FOR MEMBERSHIP

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.

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	_____	_____	_____

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

(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.

	Month	Day	Year
(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? Yes No

If answer is "Yes", give full particulars.

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 _____

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: _____