



HOOSICK FALLS FIRE DEPARTMENT



P.O. BOX 312 - 2 GRIFFIN AVENUE
HOOSICK FALLS, NY 12090

Date: _____

1. _____
(Last Name) (First Name) (Middle Initial)

2. _____
(Address) (Apt #)

(City/Town/Village) (State) (Zip Code)

3. Telephone (_____) _____ - _____ (_____) _____ - _____
(Home) (Work)

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 our 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 _____

May we contact your employer? Yes _____ No _____

Name of employer: _____

Address: _____ Telephone: _____

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.

Weekdays: Days _____ Evenings _____ Nights _____

Weekends: Days _____ Evenings _____ Nights _____

11. Previous emergency services experience: (include only Fire, Rescue, Police and EMS agencies)

Name of Agency _____

Address: _____

Contact Person: _____ Telephone: _____
(If more space is needed, please list on the additional information sheet)

12. 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 _____
(A dishonorable discharge is not an absolute bar for membership. This and other factors will affect a final membership decision.)

If the above answer is Yes, give complete details in the space provided on the additional information sheet. (Include branch and service dates).

13. Have you ever been convicted or pled guilty to a felony or misdemeanor, insurance fraud, arson or a reduction of these offenses? Yes _____ No _____
(If Yes, give details on the additional information sheet)

14. Please list three (3) personal references, other than members of this organization, who have known you for at least three (3) years.

1. Name: _____

Phone: _____

Address: _____

2. Name: _____

Phone: _____

Address: _____

3. Name: _____

Phone: _____

Address: _____

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

16. Please list any approved fire training, EMS courses and certifications which you have successfully completed and are currently certified in. Be as specific as possible – include location, dates and any state registry numbers. (If more space is needed, please identify on additional information sheet).

17. Please list any specialized skills that you have: _____

18. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department will provide you a free medical examination. Will you be willing to undergo a medical examination?

Yes _____ No _____ - All applicants and active firefighters must:

1. Be free from any known Heart Disease, Epilepsy, or Emphysema (Unless a Physician's Certification is provided)
2. Take and Pass a Pulmonary Function Test
3. Take and Pass a routine physical examination

19. Listed below is a brief description of the duties an active firefighter of this department is expected to perform. This is not an inclusive list and is only meant to be representative.

1. Climbing ladders and Aerial ladders
2. Lifting and Carrying heavy objects (100+ lbs)
3. Crawling on hands and knees
4. Using Self Contained Breathing Apparatus (SCBA)
5. Working in extremely HOT and COLD atmospheres and in HAZARDOUS CONDITIONS

20. Upon membership approval, which company would you want to enter?

_____ Engine Co. _____ Truck Co. _____ Fire Police _____ Support Co. (Auxiliary)

21. Please provide a proof of residency when applying for our department. (ex-utility bill, drivers license, ID card, phone bill)

UNDER 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 of _____, _____ (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 _____ 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 personal file (if you become a fire member) or in our resume file for six (6) months (if you are a fire 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 FIRE CHIEF of the HOOSICK FALLS FIRE DEPARTMENT - 3 GRIFFIN AVENUE HOOSICK FALLS, NY 12090 – (518) 686-7427

NOTE: The following information MUST be filled out for the applicant to be considered for membership.

AGE _____

ANY NICKNAME YOU ARE KNOWN BY: _____

ALIAS OR MAIDEN NAME: _____

MIDDLE NAME: _____ SEX: MALE _____ FEMALE _____

PREVIOUS ADDRESS: _____

HEIGHT: _____ DATE OF BIRTH: (MM/DD/YY) ____/____/____

PLACE OF BIRTH: _____
(City) (County) (State)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENSE NUMBER: _____

UNDER THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED AND/OR OBTAINED HEREIN, WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

I HEREBY CERTIFY THAT I FREELY VOLUNTEER THE ABOVE INFORMATION FOR THE PROCESSING OF MY APPLICATION TO THE HOOSICK FALLS FIRE DEPARTMENT.

Signature of Applicants: _____

Date: _____