

Hillcrest Fire Department Membership Application:

APPLICATION FOR MEMBERSHIP: DATE: _____

Section 1:

Name: Last, First, MI: _____ DOB: __/__/____

Home Address: Street, City/Town, State, Zip Code:

Years at This Address: _____ Home Phone Number: _____

Place of Birth: _____ SSN#: ____ _ Height: __' __"

Are you currently employed: Yes: __ No: __

May we contact your employer as a reference: Yes: __ No: __

Name of Employer: _____ Tel No: _____

Do you have a NYS driver's license: Yes: __ No: __

Are you 18 years of age or older: Yes: __ No: __

Applicants under 18 years old require parental consent to become an active JR. firefighter.

If you live outside the Hillcrest Fire District, state your reason for applying to Hillcrest:

Section 2:

Type of Membership Application: Active: _____ Support: _____ Junior: _____

Previous Emergency Service Experience: (include only Fire, Rescue, Police, EMS)

Include agency name, address, contact person, telephone number.

Have you ever been denied membership to another fire department: Yes: _____ No: _____

(If yes, explain on page 2 in additional details area)

Have you ever been a member of the US Armed Forces: Yes: _____ No: _____

Did you receive a dishonorable discharge: Yes: _____ No: _____

(If yes give complete details, including service branch and service dates on page 2 additional details)

Have you ever been convicted or pled guilty of a Felony/Misdemeanor, Arson, Insurance Fraud or to a reduction of one of these offenses? Yes: _____ No: _____

(If yes give details on page 2 additional details)

Section 3:

References: (list up to 3 references not related to you and preferably not a member of Hillcrest Fire department that you have known for over 2 years. For personal references, include their names and Tel numbers)

(1) Name: _____ Tel Number: _____

(2) Name: _____ Tel Number: _____

(3) Name: _____ Tel Number: _____

OSHA regulations require that you pass a physical examination before becoming an active firefighter. The Fire District will provide you with a free yearly medical examination. Are you willing to undergo a yearly medical examination from the Fire District designated provider/Physician? Yes: ___ No: ___

Additional details for questions on section 2 page one:

Section 4:

For Fire Department Use Only:

Membership Approval:

Signed – President HFD: _____ Date: _____

Interviewed By: _____ Date: _____

Accepted: Yes: ___ No: ___ If no give reason: _____

Accepted By Board of Fire Commissioners: Yes: ___ No: ___

Signed – Chief, Hillcrest Fire Department: _____

Signed – Chairperson, Board of Fire Commissioners: _____

Section 5:

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: (1) Be used to determine your qualification for the position for which you are making an application; (2) Be released to the Fire Chief and your potential supervisors; (3) Be maintained in your personnel file (if you become a fire department member) or in our temporary file for 6 months (if you are not a fire department member). Failure to provide the information requested or the authorization requested will result in your application not being considered for membership. Failure to provide truthful answers may result in your application not being considered for membership. This information will be maintained by the Fire Chief at 145 Pruyn Hill Road Mechanicville, NY 12118 Tel (518) 664-3434

Applicants Authorization for Release of Information:

In order to confirm the information I supplied on my application for membership in the Hillcrest Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and the US military services to disclose their relevant records about me to the Hillcrest Fire Department and or the Halfmoon Fire District #1, whether the information be of public, private or confidential nature, and I release them from any liability and responsibility from doing so.

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 written requests for official documents and confirmations of my credentials.

Print Applicants Name:
Date:_____

Applicants Signature:

Print Parents Name: (if required)
Date:_____

Parents Signature:

Witnessed By: Name & Title
Date:_____

Witness Signature: