

Wilmington Fire Department

1197 Haselton Rd

Wilmington, NY 12997

**APPLICATION FOR MEMBERSHIP**

DATE \_\_\_\_\_

1. NAME- Last, First, MI \_\_\_\_\_

2. Address \_\_\_\_\_

3. Telephone \_\_\_\_\_ E Mail \_\_\_\_\_

4. SSN \_\_\_\_\_ DOB \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

5. How long have you resided in New York State? Years \_\_\_\_\_ Months \_\_\_\_\_

6. How long have you resided at the above address? Years \_\_\_\_\_ Months \_\_\_\_\_

7. Are you 18 years of age or older? YES / NO If NO state your age \_\_\_\_\_

8. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? YES/NO If YES please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you currently employed? YES/NO If YES give employer information below: May we contact your employer as a reference? YES/NO COMPANY NAME \_\_\_\_\_ Company address \_\_\_\_\_ Company phone \_\_\_\_\_

10. Do you have a valid New York State Drivers License? YES/NO

11. Please indicate your availability to participate in normally required fire department activities (meetings, drills, & emergency calls)

Weekdays: DAYS EVENINGS NIGHTS

Weekends: DAYS EVENINGS NIGHTS

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

Name of agency \_\_\_\_\_

Address \_\_\_\_\_ Contact person \_\_\_\_\_

13. Have you ever been a member of the United States Armed Forces? YES/NO

If YES, did you receive a dishonorable discharge? YES/NO

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

14. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction to one of these offenses? YES/NO If YES please attach details with application.

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

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16. 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

17. Please list three personal references, OTHER THAN MEMBERS OF THIS ORGANIZATION, who have known you for at least 3 years

A. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

B. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

C. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

IT MUST BE NOTED THAT A FIREFIGHTER 1 COURSE OR EQUIVILENT MUST BE COMPLETED IN YOUR FIRST YEAR OF SERVICE IF GIVEN IN A 25 MILE RADIUS.

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

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_

Date \_\_\_\_\_

Wilmington Fire Department

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm with the information I supplied on my application for membership with the Wilmington Fire Department, I authorize all licensing agencies services to disclose their relevant records about me to the Wilmington Fire Department 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 requests for official documents and confirmations of my credentials.

Applicant Name (print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ DATE \_\_\_\_\_

Witnessed by: Print Name and Title \_\_\_\_\_

Signature \_\_\_\_\_ 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 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 or Secretary of the Wilmington Fire Department. 1197 Haselton Rd, Wilmington, NY 12997. (518)946-7187.