



Midway Fire Department
1956 Central Avenue
Albany, New York 12205
518-456-1993 ♦ FAX 518-456-3342

APPLICATION FOR MEMBERSHIP

Type of Membership

- Active
- Auxiliary

Date: _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt./Suite No.)

_____ (City, Town, Village) (State) (ZipCode)

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

4. Date of Birth _____ - _____ - _____
(Month) (Day) (Year)

5. Age _____ 6. Height _____ / _____
Ft. In.

7. Place of Birth (City/County/State) _____

8. How long have you resided at the above address? Years: _____ Months: _____

5. How long have you resided in New York State? Years: _____ Months: _____

6. 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, explain.

7. Are you currently employed? Yes _____ No _____

If YES, give employer information below. May we contact your employer as a reference?

Yes _____ No _____

Name of Company _____

Address _____

Telephone _____ Supervisor _____

8. Do you have a valid New York State Driver's License? Yes _____ No _____

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

Please check appropriate time periods.

Week Days: Days _____ Evenings _____ Nights _____

Weekends: Days _____ Evenings _____ Nights _____

10. Previous emergency services experience: (include only fire, rescue, police and emergency medical services agencies.)

Name of Agency _____

Address _____

Contact Person _____

Telephone _____

(If more space is needed, please identify on attached sheet.)

11. Have you ever been a member of the United States Armed Forces?
Yes _____ No _____

If the answer is YES, did you receive a bad conduct or dishonorable discharge?
Yes _____ No _____

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

If the above answer is YES, give complete details in the space provided for additional information on the last page (include service branch and service dates).

12. 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 the attached sheet.

13. Please list three personal references, **other than members of this organization**, who have known you for at least three year.

A. Name: _____ Phone: _____

Address: _____

B. Name: _____ Phone: _____

Address: _____

C. Name: _____ Phone: _____

Address: _____

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

A. _____

B. _____

C. _____

15. 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. Would you be willing to undergo a medical examination? Yes _____ No _____

Date Submitted: _____

Date of Interview: _____

Interview Notes: Interviewer: _____

Date Voted on by Membership: _____

Date Sworn In to the Department: _____

Commissioners: _____

Date off Probation: _____

Recommendation: Accepted () Rejected ()

Membership Committee: _____

Recommended by Committee () Not Recommended by Committee ()



Within the Freedom of Information Law, all information contained 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 _____, 199____ 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 personnel file (if you become a fire department member) or in our resume file for six months (if you are not a fire department member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by _____ of the Midway Fire Department, Inc., 1956 Central Avenue, Albany, NY, 12205, (518) 456-1993.



APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Midway Fire Department, Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Midway Fire Department, Inc., whether the information be of public, private or confidential nature; and I release them from any liability in doing so. This authorization, in original or 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 (Please print)

Applicant Signature

Date

Witnessed By:

Name and Title (Please print)

Signature

Date

