

BEDFORD HILLS FIRE DEPARTMENT

332 Bedford Road
Bedford Hills, New York 10507
www.bedfordhillsfd.org

Proudly Serving Since 1903

APPLICATION FOR MEMBERSHIP

1. _____
(Last Name) (First Name) (M.I.) (Social Security Number)

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

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

3. Telephone: (____) _____ (____) _____
(Home) (Work) (E-MAIL Address)

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 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.

8. Are you a U.S. citizen? Yes _____ No _____ If not a citizen are you a legal resident? Yes _____ No _____

9. Are you currently employed? Yes _____ No _____

If "Yes" give employer information below. May we contact your employer as a reference? Yes _____ No _____

10. Do you have a valid New York State Drivers License? Yes _____ No _____ License Number _____

Expires _____

License Class _____ Restrictions _____ Has your drivers license ever been revoked or suspended? Yes _____ No _____

11. 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 _____

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

Name of Agency _____

Address _____

Contact Person _____ Telephone _____

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

13. 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 _____

Dishonorable discharge 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 (include service branch and service dates).

14. 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.

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

A. Name: _____ Tel.# _____

B. Name: _____ Tel.# _____

C. Name: _____ Tel.# _____

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

17. Have you ever previously applied for membership in, or been a member of, this or any other fire department, ambulance corps, or similar organization? Yes _____ No _____. If "Yes" please list the agency and date of service or application on **Page 3**.

18. OSHA regulations require that you pass a physical examination before becoming a 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 _____

EMERGENCY CONTACT INFORMATION

Emergency Contact – 1

Name _____ Relationship: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact – 2

Name _____ Relationship: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

ADDITIONAL INFORMATION



I hereby affirm, under penalty of perjury, that all the information provided on this application is truthful and accurate. I understand that each statement will be investigated. Any inaccurate, falsified, or misleading statement or answer, whether by commission or omission, may result in rejection of this application or dismissal from the Bedford Hills Fire Department.

Applicant's Signature

Date of Application

Subscribed and Sworn to
Before Me, This _____ Day
Of _____, 200____.

(Notary Public)

Freedom of Information Law Notice: All Information or obtained herein, will remain confidential and will be used only for internal membership processing.

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 New York State 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 member of the Bedford Hills Fire Department) or in our file for six months (if you are not a department member).

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

The information being collected will be maintained by the Bedford Hills Fire Department Investigation Committee and the Firematic Officers, 332 Bedford Road, Bedford Hills, New York 10507. (914) 666-4112.

Important! Completed and notarized application with all attachments and application fee (\$15.00, non-refundable) may be dropped off at the Bedford Hills Fire Department, 332 Bedford Road, Bedford Hills or mailed to the **Attention of** : Investigation Committee at the above address.

*****DO NOT WRITE IN THE SPACE BELOW*****

Date completed application received: _____

Arson Check: Clear: _____ Denied: _____

Investigation Committee: Approve: _____ Disapproved: _____ Date: _____

Date applicant proposed to Board of Directors: _____

Date applicant proposed to Department: _____

Date applicant voted on by department: _____

Approved: _____ Disapproved: _____ Department vote of _____ Yes _____ No

Date applicant presented to Bedford Hills Fire District: _____

Approved: _____ Disapproved: _____

ASSIGNED TO: _____ Hook & Ladder Company _____ Engine Company _____ Rescue Company

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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Bedford Hills Fire Department, 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 Bedford Hills Fire Department whether the information be of public, private or confidential nature; and I release them from 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 (Please Print) Applicant's Signature Date

Subscribed and Sworn to
Before Me, This _____ Day
Of _____, 200 ____.

Notary Public)

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PARENTAL PERMISSION **(UNDER 17 ONLY)**

I _____ GIVE MY SON/DAUGHTER _____ PERMISSION
(PRINT NAME) (PRINT NAME)

TO JOIN THE BEDFORD HILLS FIRE DEPARTMENT. I GIVE THE BEDFORD HILLS FIRE DEPARTMENT PERMISSION TO CHECK WITH MY SON/DAUGHTER'S SCHOOL TO ENSURE THAT A "C" AVERAGE IS MAINTAINED.

I FURTHER CERTIFY THAT MY SON/DAUGHTER IS MEDICALLY AND PHYSICALLY FIT TO UNDERTAKE THE STRENUOUS ACTIVITIES OF A FIREFIGHTER, AND THAT, TO MY KNOWLEDGE, IS NOT SUFFERING FROM ANY CONTAGIOUS OR INFECTIOUS DISEASE, OR ANY MEDICAL OR DENTAL CONDITION OR DISABILITY LIKELY TO INTERFERE WITH OR BE AGGRAVATED BY FIREFIGHTING ACTIVITIES.

Signature of parent or guardian

State of:

County of:

On this ___ day of _____, 200___, personally appeared
Before me this said named _____, to me
Known and known to me to be the person described in and who
executed the foregoing instrument and _____ acknowledged that
_____ executed same, and being duly sworn by me made oath
that the statements contained herein are true.

(Notary Public)

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Date _____

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

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

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

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

TO BE FILLED OUT BY MEMBERSHIP COMMITTEE