

# **BEDFORD HILLS FIRE DEPARTMENT, INC.**

**332 BEDFORD ROAD  
Bedford Hills, New York 10507**



Dear Prospective Member:

Thank you for your interest in joining the Bedford Hills Fire Department. We are always looking for dedicated individuals who can assist us in carrying out our mission of preventing and extinguishing fires and protecting life and property from destruction and damage by fire.

Our department is rich in history and tradition. We were established on February 4, 1903, as a volunteer fire department known as the Bedford Station Fire Department. The department was comprised of 23 charter members and a boy not old enough to appear on the active rolls. Today we are known as the Bedford Hills Fire Department and remain a 100% volunteer agency protecting the residents of the Bedford Hills Fire District.

In order to process your application, please ensure that the application and release form are completed in their entirety, notarized and accompanied by the "Good Conduct Letter(s)" referenced in Question 5 and the \$15.00 application fee (non-refundable). A check or money order payable to the "Bedford Hills Fire Department" is required. Completed applications should be addressed to the attention of: "Membership Investigation Committee" and can mailed to or dropped off at Bedford Hills Fire Department, 332 Bedford Road, Bedford Hills, NY 10507. Please note that incomplete applications will not be considered.

Once your completed application is reviewed and accepted, you will be contacted by a representative from the Membership Investigation Committee to schedule an interview with the committee. At the interview, all membership requirements will be explained, and you may ask any questions at that time. Following the interview and a satisfactory background investigation, your application will be presented to the membership for consideration. The final steps will be approval by the Bedford Hills Fire District – Board of Fire Commissioners and completion of a medical evaluation in accordance with the Bedford Hills Fire District *Physical Examination Policy*. We ask for your patience with the application process, as depending on the timing of when you submit your application, the process can take approximately two to three months.

Thank you again for your interest in joining our team and taking the time to complete our application. We look forward to meeting you at your membership interview.

Sincerely,

The Membership of the Bedford Hills Fire Department

# 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.)

2. \_\_\_\_\_  
(Address) (Apt./Suite No.)

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

3. Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (E-MAIL Address)  
(Home) (Cell)

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

5. List all residences where you have lived during the past ten (10) years. Begin with your present address and work backwards. List the complete address including Street Number, Street Name, City, State, and Zip code. (If additional space is needed, list under *Additional Information* on Page 4.) **In addition, provide a "Letter of Good Conduct" from the Police Department for each City, Town or Village listed below. This is a requirement to process your application.**

| Address | City | State | Zip Code | Dates |
|---------|------|-------|----------|-------|
|         |      |       |          |       |
|         |      |       |          |       |
|         |      |       |          |       |
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|         |      |       |          |       |
|         |      |       |          |       |
|         |      |       |          |       |

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 currently employed? Yes\_\_\_\_ No\_\_\_\_

9. Start with your current employment, if employed, and list your past employment in reverse order. Include all employment from the last ten (10) years to the present. Account for any time that you were unemployed by stating the nature of your activities. (If additional space is needed, list under *Additional Information* on Page 4.)

Employer Name:\_\_\_\_\_ Address:\_\_\_\_\_

Dates Employed:\_\_\_\_\_ Contact Person:\_\_\_\_\_ Telephone Number:\_\_\_\_\_

May we contact your employer as a reference? Yes\_\_\_\_ No\_\_\_\_

Employer Name:\_\_\_\_\_ Address:\_\_\_\_\_

Dates Employed:\_\_\_\_\_ Contact Person:\_\_\_\_\_ Telephone Number:\_\_\_\_\_

May we contact your employer as a reference? Yes\_\_\_\_ No\_\_\_\_

Employer Name:\_\_\_\_\_ Address:\_\_\_\_\_

Dates Employed:\_\_\_\_\_ Contact Person:\_\_\_\_\_ Telephone Number:\_\_\_\_\_

May we contact your employer as a reference? Yes\_\_\_\_ No\_\_\_\_

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 and emergency calls).

Please check appropriate time periods.

Week Days:

Days\_\_\_\_ Evenings\_\_\_\_ Nights\_\_\_\_

Weekends:

Days\_\_\_\_ Evenings\_\_\_\_ Nights\_\_\_\_

12. 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 additional space is needed, list under Additional Information on Page 4.)

Name of Agency:\_\_\_\_\_

Address: \_\_\_\_\_

Contact Person:\_\_\_\_\_ Telephone Number:\_\_\_\_\_

13. Briefly list any other relevant experience and/or training that would benefit the Bedford Hills Fire Department: (If additional space is needed, list under *Additional Information* on Page 4.)

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14. 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 under *Additional Information* on Page 4 (include service branch and service dates).

15. 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 complete details under *Additional Information* on Page 4.

16. Please list three personal references, *other than members of this organization*, who have known you for at least five (5) years.

| Name | Telephone Number |
|------|------------------|
|      |                  |
|      |                  |
|      |                  |

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

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18. The Bedford Hills Fire District *Physical Examination Policy* requires that you undergo a medical evaluation prior to becoming a firefighter. This evaluation will be performed by a Bedford Hills Fire District designated physician at no cost to you. Will you be willing to undergo a medical evaluation?

Yes \_\_\_\_\_ No \_\_\_\_\_



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 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(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!** Complete notarized application and release form along with application fee (\$15.00, non-refundable) may be mailed or dropped off at the Bedford Hills Fire Department, 332 Bedford Road, Bedford Hills, NY 10507, addressed to the **Attention of:** "Membership Investigation Committee". A check or money order payable to the "Bedford Hills Fire Department" is required.

**Application Revised – 3/11/2018**

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Proudly Serving Since 1903

## 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 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public)