



DISTRICT NO. 3 FIRE DEPARTMENT



APPLICATION FOR MEMBERSHIP

Please print all responses. Use the back of this application or a blank sheet for additional space to answer any question.
Mail completed application to: **President, District No. 3 Fire Department, 128 Wallace Hill Rd, Plattsburgh NY 12901**

Name: _____ **Tel. No.:** _____
Last First M.I.

Address: _____
Street City State ZIP

Date of Birth: _____ **Place of Birth:** _____ **SSN:** _____

Driver License No.: _____ **State:** _____ **Expiration:** _____
(Date of Birth, Social Security Number, and Driver License Number are required for a Criminal Background Check as Required by State Law and Dept. By-Laws)

Have you been convicted of any crime? If "Yes", please explain. Include disposition and status:

Do you have physical restrictions that would limit or restrict your activities in the fire service?
If "Yes", please explain:

Do you have prior Fire Department experience?
If "Yes", where? _____ Dates: _____
What certifications do you hold?

Education
High School: _____ Did you Graduate? _____
College/Trade School: _____ Did you earn a Degree? _____
Please list any relevant education experience that you feel relate to the Fire Service:

Employment History (Please list most current employer first)

Business: _____	Supervisor: _____
Address: _____	Tel. No: _____
Your Position: _____	Dates of Employment: _____
Business: _____	Supervisor: _____
Address: _____	Tel. No: _____
Your Position: _____	Dates of Employment: _____
Business: _____	Supervisor: _____
Address: _____	Tel. No: _____
Your Position: _____	Dates of Employment: _____

Personal References

Name: _____

Relationship: _____

Address: _____

Tel. No: _____

Name: _____

Relationship: _____

Address: _____

Tel. No: _____

Name: _____

Relationship: _____

Address: _____

Tel. No: _____

Name: _____

Relationship: _____

Address: _____

Tel. No: _____

The information contained in this application is true and complete to the best of my knowledge and belief. I understand that any false or inaccurate information or misrepresentation of fact or omission of information requested, as stated or implied, given in my application, interview(s), or any other membership form, may be sufficient reason not to accept me and may be reason for dismissal. I understand and agree that all information furnished in this application may be verified by the District No. 3 Fire Department, its Officers and its Representatives. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment or education information to the District No. 3 Fire Department. I hereby authorize all individuals and organizations named or referred to in this application to give the District No. 3 Fire Department all information relative to such verification and hereby release such individuals, organizations and the District No. 3 Fire Department from any and all liability for any claim or damage resulting therefrom.

Applicant Initials:

As a condition of Membership, an Applicant accepted as a Probationary member will be required to submit to a Medical Examination at the expense of the Fire District before receiving a Station assignment.

All Members are subject to the the Substance Abuse Policy of Fire District No. 3 of the Town of Plattsburgh.

Members are subject to Drug and Alcohol Testing as required by District Policy and applical Federal, State, and Local Law.

Applicant Initials:

Applicant Signature: _____

Date: _____

Additional Comments:

Official Use Only

Executive Committee Accept or Decline: _____

Date: _____

Membership Vote to Accept or Decline: _____

Date: _____

