

New York Mills Fire Department
Age Restricted Firefighter Program
MEMBERSHIP APPLICATION

Name: _____ Today's Date: _____
Last First M.I.

Sex: M F Height: _____ Weight: _____ Blood Type: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: _____

Business Address: _____

Social Security #: _____ Date of Birth (Mo/Day/Year): _____

Parents or Legal Guardian Names: _____
Mother (Please print legibly)

_____ *Father (Please print legibly)*

Have you ever suffered from any nervous disorder? Yes No

Have you ever been convicted of a crime? Yes No
If yes, please explain:

Have you ever applied for membership in any other Fire Department? Yes No
If yes, which one:

State in your own words why you want to become a member of the New York Mills Fire Department:

Please read before signing this application for membership:

- 1) By signing this application, I hereby consent to an investigation of my character and qualifications, including inquiry of my past and present employers, as well as school officials.
- 2) Your application will be considered with or without references from member of this department, however, if you wish to procure the recommendations or references from any member, please feel free to do with their attached recommendation. I hereby affirm under penalty of perjury that the foregoing answers and statements made as part of this application are true to the best of my knowledge, information and belief.

Signature of Applicant

Signature of Mother - or Legal Guardian

Signature of Father - or Legal Guardian

Official Use Only - Do Not Write In This Area

Met with and recommended by NYMFD Investigating Committee; Yes No Acceptable Not Acceptable for membership (circle one)

Signed copies of the Age Restricted Firefighter Program RULES & REGULATIONS and the APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION must be attached to this application.



New York Mills Fire Department

Post Office Box 165
New York Mills, New York 13417- 0165
www.nymfd.com and on Facebook
Emergency DIAL 911- Business 315-736-9212 ext.230



Age Restricted Firefighter Program Applicant Authorization for Release of Information

In order to confirm the information I supplied on my application for membership to the New York Mills Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers to disclose any relevant records about me to the New York Mills Fire Department, including criminal conviction records, 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 form 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.

Signature of Applicant

Date

Printed Name of Applicant

Date of Birth

Social Security #

Signature of Mother - or Legal Guardian

Signature of Father - or Legal Guardian

Date

Date