



Hillcrest Volunteer Fire Department

Halfmoon Fire District No. 1
145 Pruyn Hill Road
Mechanicville, New York 12118

www.HILLCRESTFD.com

Tel: (518) 664-3434

APPLICATION FOR MEMBERSHIP

DATE: _____

Section 1:

Name: (Last, First, MI): _____ DOB: _____

Address: (Street, City, State, Zip): _____

Years at this address: _____ Phone Number: _____ Home ___ Cell (check one)

Place of Birth: _____ SSN #: _____ - _____ - _____ Height: _____' _____"

Email address: _____

Are you currently employed: ___ Yes ___ No (check one)

May we contact your employer as a reference: ___ Yes ___ No (check one)

Name of Employer: _____ Tel Number: _____

Do you have a NYS Driver's License: ___ Yes ___ No (check one)

Are you 18 years of age or older: ___ Yes ___ No (check one)

(Applicants under 18 years old require parental consent to become an active Junior Firefighter)

If you live outside the Hillcrest Fire District, state your reason for applying to Hillcrest:

Section 2:

Type of Membership: ___ Active ___ Support ___ Junior (check one)

If ACTIVE, choose desired Classification: ___ Interior ___ Exterior ___ EMT ___ Fire Police (check one)

Do you have previous Emergency Service experience: ___ Yes ___ No (If yes, please provide info below)

_____ (Include Agency name, address, contact person with phone number)

Have you ever been denied membership to another Fire Department: ___ Yes ___ No (check one)

(If yes, please explain on page 2 in "Additional Details" section)

Have you ever been a member of the US Armed Forces: ___ Yes ___ No (check one)

Did you receive a dishonorable discharge: ___ Yes ___ No (if "yes" above, check one)

(If yes, please give complete details, including service branch and dates on pg 2 in "Additional Details")

Have you ever been convicted or pled guilty to a Felony/Misdemeanor, Arson, Insurance Fraud or to a

reduction of one of these offenses: ___ Yes ___ No (check one) - If yes, explain on pg 2 in "Additional Details"

For Fire Department Use ONLY:

Interviewed by: _____ Date: _____

Accepted by Chief or President: ___ Yes ___ No (check one) - if No, give reason below

Accepted by Board of Fire Commissioners: ___ Yes ___ No (check one)

Sign / Date – Chief or President

Sign / Date – Chairman, Board of Fire Comm.

Section 3:

References: (List up to 3 references not related to you AND not a member of the Hillcrest Fire Department that you have known for more than 2 years. For personal references, include their names and phone numbers)

(1) Name: _____ Tel Number: _____

(2) Name: _____ Tel Number: _____

(3) Name: _____ Tel Number: _____

Section 4:

Requirements: OSHA regulations require that you pass a physical examination prior to becoming an active firefighter and annually thereafter. You will be provided with contact information to schedule your medical examination, provided by a Fire District designated Provider/Physician.

Are you willing to undergo this medical examination: ___Yes ___No (check one)

Section 5:

Additional Details: (for questions on Section 2, page one)

Section 6:

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: (1) Be used to determine your qualification for the position for which you are applying for in this application; (2) Be released to the Fire Chief and your potential supervisors; and (3) Be maintained in your personnel file (if you become a fire department member). Failure to provide the information requested or the authorization requested will result in your application not being considered for membership. Further, failure to provide truthful information may result in your application not being considered for membership. This information will be maintained by the Fire Chief at 145 Pruyn Hill Road, Mechanicville, New York 12118.

Applicants Authorization for Release of Information:

In order to confirm the information I supplied on my application for membership in the Hillcrest Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies,, present and former employers and the US military services to disclose their relevant records about me to the Hillcrest Fire Department and/or the Halfmoon Fire District #1, whether to information be of public, private or confidential nature, and I release them from any 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 written request for official documentation and confirmations of my credentials.

Applicant's Name (please print)

Applicant's Signature

Date

Parent Name – if required (please print)

Parent Signature

Date

Witnessed by / Title (please print)

Witness Signature

Date