Date Application Received:	Interview Date:
Date Voted in the Fire Company:	Date Sworn In:
Member Number:	(assigned by the Fire Company Financial Secretary)

# **FAIRVIEW FIRE COMPANY**

258 Violet Avenue Poughkeepsie, NY 12601 845-452-8770

# **MEMBERSHIP APPLICATION**

CIRCLE O	ONE .			
FIRE	RESCUE			
	PERSO	ONAL INFOR	MATION	
LAST NAME:		FIRST NAME:		MI:
Current Address : (Mari	st or Dutchess College	Students)	City, State, Zip	
Home Address:			City, State, Zip	
<u> </u>	PF	HONE NUM	BERS	
HOME:	WORK:	CELL:		MARIST DORM:
( )	( )	(		( 845)
E-MAIL ADDRESS:  DATE OF BIRTH:	SOC	IAL SECURITY	NUMBER:	
DRIVER LICENSE NUM	IBER:	STATE:	EXPIRATION D	ATE:

### **REFERENCES**

May we check your references?  YES  NO  EMERGENCY CONTACT INFORMATION  NAME  ADDRESS  PHONE NO.  RELATIONSHIP  SCHOOL INFORMATION  SCHOOL INFORMATION  Are you currently attending High School or College?  YES  NO  SCHOOL INFORMATION  Are you currently attending High School or College?  YES  NO  Name of High School:  Grade:  Name of Guidance Counselor:  Name of College:  Grade:	(Please list (3) t	hree PERSONAL refe	rences who a	re <u>NOT Family or l</u>	Fairview Members)
EMERGENCY CONTACT INFORMATION  NAME ADDRESS PHONE & CELL RELATIONSHIP  SCHOOL INFORMATION  Are you currently attending High School or College? YES NO  Name of High School: Grade:  Name of Guidance Counselor: Phone Number: ( )  Name of College: Grade:	NAME:	ADDRESS:		PHONE NO.	RELATIONSHIP
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NAME ADDRESS PHONE & CELL RELATIONSHIP    SCHOOL INFORMATION	11249				
SCHOOL INFORMATION  Are you currently attending High School or College?  YES  NO  Name of High School:  Grade:  Phone Number: ( )  Name of College:  Grade:		<b>EMERGENCY</b>	CONTACT	<u>INFORMATION</u>	
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Name of College:  Grade:	Name of Guidance Counselor:		Dhone Nu	mhore	
Trame of Conege.			Luone Mu	mner.	
Trame of Conege.	Name of College:		Grade:	,	
College Contact Person:  Phone Number: ( )	Mame of College:			Activities of the control of the con	
( )	College Contact Person:		Phone Nu	mber:	
			(	)	

#### **EMPLOYMENT INFORMATION**

Please list all jobs held in the last (3) years - most recent first Address: Name of Employer: Phone Number: ( Contact Person: Position Held: Dates - From/To: Name of Employer: Address: Contact Person: Phone Number: ( Position Held: Dates - From/To: Address: Name of Employer: Phone Number: ( Contact Person: Dates - From/To: Position Held: May we contact your Employers? NO YES MILITARY EXPERIENCE Have you ever served or are you currently serving in the Military: YES NO Type of Discharge: Branch: Dates: AMBULANCE/FIRE DEPARTMENT EXPERIENCE Are you now or have you been a member of or employed by any other Fire or Ambulance Department? NO YES Phone No.: Name of Department: Rank: Dates - From/To: Please list all training courses and skills. Include copies of any certifications if possible. (Use another sheet if necessary) Have you ever been asked to resign from, or been dismissed from any volunteer organization? NO YES If yes - please explain: YES NO Do you have any pending arrests?

# TERMS AND CONDITIONS

Do you agree to any medical test required by and paid for by the Fairview Fire District?	YES	NO	
Upon joining the Fairview Fire Company I agree to month at the Fairview Fire Station during my first by-time, alarm time, and training time. If the twen not met, I will agree to reimburse the Fairview Fire is required prior to becoming a member.	year as a member tv (20) hour avera	. This time will i ge requirements	nclude stand per month is
You are responsible for all Fairview Fire District anyou. You agree to pay for anything that is stolen or are responsible for returning all issued Fire District	damaged. If you	leave the Fire Co	mpany you
ACKNOWLE	DGEMENT		
Ihereby cert (Print Name)	ify that all of the a	above information	n is correct
and truthful to the best of my knowledge and that l	I understand the te	erms and condition	ons.
(Signature)	(Date	e)	
Falsification of any kind of this application will re immediate dismissal from the Fairview Fire Comp	sult in the voiding any.	of this application	on, and



### Fairview Fire District 258 Violet Avenue

Poughkeepsie, NY 12601

Office: (845) 452-7453 Station: (845) 452-8770 Fax: (845) 452-0552

"Integrity, 'Valor, Excellence and Teamwork" Serving Since 1910

APPLICATION FOR MEMBERSHIP WITH A FIRE DISTRICT  (THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND AN OFFICER OF THE ABOVE LISTED FIRE DEPARTMENT)				
		EARLY PRINT all information)		
NAME:	×			
NAME:	(LAST)	(FIRST)	(MIDDLE	INITIAL)
		NOWN BY:		
DATE OF BIRTH:	PLAC	E OF BIRTH:		
(M	M/DD/YYYY)	(CITY)	(STATE)	(COUNTY)
CURRENT ADDRESS:				
CITY:	STATE:ZIP:			
CITY:SOCIAL SECURITY N	UMBER:	ess is less than 5 years):STATE:		
DRIVER'S LICENSE: _	(STATE)	(NUMBER)	(EX	PIRATION DATE)
AUTHORIZATION:  I hereby au background check for a position of Voloutlined in the Rules	thorize the Duto or Arson and any unteer with the a s and Regulations	chess County Sheriff's Office offense requiring registration above-named Fire Department of the Dutchess County Shere partments in Dutchess County	e, Detective Div n as a sex offendent. Such inquiry v riff's Office for ba	er for my application will be conducted as
(Applicant's Signatur	re)	(Clearly <u>PRINT</u> Name)		(Date)
WITNESSED BY: (Wi	tness <u>Must</u> Be an	Officer of the Fire District)		
(Fire District Officer'	's Signature)	(Clearly <u>PRINT</u> Name 8	& Title)	(Date)



Please include a copy of your driver's license

### **Fairview Fire District**

Federal Drivers Privacy Protection Act Authorization to Obtain Motor Vehicle Report

record and pursuant to the State and Federal regulations of compliance, I (Name of Employee)  authorize Rose & Kiernan Inc. and the Fairview Fire District to obtain my Motor Vehicle Record. I understand that this record may contain personal information * in addition to any/all driver violations and/or accidents, which may be on record through the New York State Department of Motor Vehicle and Vehicl
York State Department of Motor Vehicle or applicable state.
I also authorize release of this information to my employer (or proposed employer.)
Signature of Employee
signature of Employee
Address:City:State:ZIP:
Orivers License Number State Date of Birth
Street Address & Mailing address
City: State: ZIP:
Date signed:
Personal information means information that identifies an individual including an individual's hotograph, social security number, driver identification number, name address and telephone number. It oes not include information on vehicular accidents, driving violations and driver status.