



# Grand Island Fire Company, Inc.

2275 Baseline Road <> Grand Island <> New York 14072

## APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

1. \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

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

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

3. Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Home) (Work)

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

5. How long have you resided in New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

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 \_\_\_

If "Yes" give employer information below. May we contact your employer as a reference? Yes \_\_\_ No \_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

9. Do you have a valid New York State Drivers License? Yes \_\_\_ No \_\_\_

10. 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 \_\_\_

11. Previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies).

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

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_  
*(If more space is needed, please identify on attached sheet)*

12. 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 in the space provided for additional information on the last page (include service branch and service dates).

13. 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 details on the attached sheet.

14. Please list three personal references, other than members of this organization, who have known you for at least 3 years.

A. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

B. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

C. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes \_\_\_ No \_\_\_

**WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.**

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**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:

- 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 fire company member) or in our resume file for six months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

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The information will be maintained by:

Fire Chief of the  
Grand Island Fire Company  
2275 Baseline Road, Grand Island, NY 14072  
(716) 773-4334



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## APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Grand Island Fire Company, 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 Grand Island Fire Company 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 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 Signature)

\_\_\_\_\_  
(Applicant Name)

\_\_\_\_\_  
(Please Print)

WITNESSED BY:

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Witness Name & Title)

\_\_\_\_\_  
(Please Print)