



Grand Island Fire Company, Inc.

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

APPLICATION FOR SUPPORT STAFF

Date: _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt./Suite No.)

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

3. Telephone: (_____) _____ (_____) _____
(Home) (Cell Phone)

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. 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).

12. 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.

13. 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 _____

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

15. Please list any special skills or traits that you possess that would be beneficial to the GIFC.

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.

The information will be maintained by:

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



Grand Island Fire Company, Inc.

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

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)