WYNANTSKILL FIRE DEPARTMENT MEMBERSHIP APPLICATION COVER SHEET



PLEASE SUBMIT ALL SEVEN (7) PAGES INCLUDING THIS COVER SHEET

APPLICATION FOR:					

WYNANTSKILL FIRE DEPARTMENT P.O. Box 174, WYNANTSKILL, New York 12198

Application for Active Membership

Name			Date
Mailing Addres	ss		City:
Home Phone _		Work Phone	
Cell Phone		_	
Date of Birth _		Age	_
For applicants	over the age of 18:		
	Applying for Active Firefight	er	
For applicants	between the ages of 16 and	i 18:	
	Applying for Junior Firefight	er	
THERE IS A	A \$5.00 NON-REFUN	DABLE APPLIC	ATION FEE
	For Offic	ial Use Only	
First Reading:		Secretary _	
	te:		
Second Readi	ng:		□ Approved
			□ Not Approved

How long have How long have How long have Are you over th Have you ever fraud, arson or If YES, Give de	you resided at you resided in e age of 18? been convicted a reduction of tails:	the above New York Yes d or pled those offer about a	ve address rk State? If No, y guilty to a fenses?	e: s? our cu felony No	years andyears and _ urrent age y, misdemea □ Yes name or you	months months months months mor, insurance
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fraud, arson or If YES, Give de Is there additio assumed name membership?	a reduction of stails:	those off	change in	□ No	name or you	r use of an
assumed name membership?			•	•	•	
□ No □ Yes If YES, Give de	etails:				·	•
	own you for at I	least thre		memb		epartment Number
Please list the	names of any a	acquainta	nces that	are m	nembers of th	is departmen
V	vhom have kno	vhom have known you for at Address	vhom have known you for at least three Address	whom have known you for at least three years. Address	whom have known you for at least three years. Address	

Name of Company:	Contact Person:
Phone Number:	ext
Address:	
EMERGENCY CONTACT	
Name:	
Relation to You:	
Phone Number:	
Address:	
Optional Additional Information	

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

IN WITNESS WHEREOF, THIS	SAPPLICATION HAS BEEN SUBSCRIBED ON THIS
DATE	BY THE UNDERSIGNED APPLICANT WHO
AFFIRMS THAT THE STATEM	ENTS MADE HEREIN ARE TRUE UNDER THE
PENALTIES OF PERJURY.	
APPLICANT SIGNATURE:	
DATE:	_
WITNESSED BY:	
DATE:	_

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Wynantskill Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies and present and past employers to disclose their relevant records about me to the Wynantskill Fire Department whether the information be of public, private or confidential nature. I also release them from any liability and/or 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's Name (Print):
Applicant's Signature:
Date:
Witnessed By (Print):
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 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 personal file (if you become a Wynantskill Fire Department Member) or in our resume file for six (6) months (if you do not become a Fire Department Member)

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

The information will be maintained by the Executive Board of the Wynantskill Fire Department P.O. Box 174, Wynantskill, N.Y. 12198-0174 Phone: (518) 283-0812