

North Greenbush Fire District No. 1

P.O. Box 3 Wynantskill, New York 12198

APPLICATION FOR VOLUNTEER FIREFIGHTER

Qualified applicants are considered without regard to race, color, creed, sex, national origin, age, marital or veteran status.

ANSWER ALL QUESTIONS TRUTHFULLY AND FULLY. A candidate may be rejected if he/she has intentionally made a false statement of a material fact, or has practiced, or attempted to practice any deception or fraud in his/her application, in his/her examination, or in securing his/her eligibility for appointment.

Omitting information, or giving false information, may result in a rejection of your application and removal of your name from consideration for possible appointment.

	[Please Print]			
Date of Application				
Name				
[Last]	[First]		[Middle]	
Address				
[Sti	reet]	[City]		[Zip Code]
	reet]	[City]		[Zip Code]
Phone #		DOB		
Have you previously filed an application with this organization? Have you any previous firefighting experience? If yes, list department name and time period of duty:		[] Yes [] Yes	= =	
Are you a citizen of the United State	 es?	[] Yes	[] No	
If not, do you possess an Alien Registration Card?		[] Yes	[] No	
Do you have any friends or relatives If yes, please list name[s]	s who are presently members of t	his organization?	[] Yes	[] No
Have you ever been charged with a	crime?	[] Ye	es [] No
Have you ever been convicted of a] No	
Have you ever been convicted of an arson-related crime?		[] Ye	-] No
Have you ever been convicted of ar	[] Ye	es [] No	

NGFD No. 1 Membership Application

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	any physical, mental or medical im your job performance? If necessa		ty that [] Yes	[] No	[] Maybe			
Are you preso	ently a member of any other civic o	organization?	[]	Yes [] No			
Please give n	ame, address and telephone numb	per for three [3] refe	rences, not relate	ed to you.				
Education:	on: Years Completed Diploma/Degree Specialized Training, Skills							
Employment List all places	t: s of employment for the past three	years [most current	: first]					
Name		Address						
Name		Address						
Driver Inform State License	nation: elssued	Vehicle Re	Vehicle Registration Issued					
Driver Licens	e Number							
Insurance Ca	rrier							
Consent for	Disclosure							
No. 1 my cor	nsent to make inquiries of my emp ion of my character, past record ar	loyers, neighbors, p						
l,true, accurat	e and complete to the best of my a	affirm under abilities.	penalty of perju	ury, that all in	formation provided is			
SIGNATURE (OF APPLICANT		Date					
Date applica	ant presented to North Greenbu	ush Fire District No	. 1:					
Approved:	Disapproved:							