



## RED HOOK FIRE COMPANY

P.O. Box 100 Red Hook, NY 12571  
(845)-758-8706  
(845)-758-8707 ans. /fax  
redhookfire@hotmail.com

# APPLICATION FOR MEMBERSHIP

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_

WORK PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MEMBERSHIP CATEGORY:       FIRE                               EMS

*(Please check desired)*

JUNIOR                               FIRE POLICE

**Equal Employment Opportunity:** The Red Hook Fire Company is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, sexual orientation, or any other status protected by law. It is our intention that all qualified applicants are given equal opportunity and that the selection decision is made by the members of the company. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination.

**To apply:** Complete and submit this official Red Hook Fire Company Application. Only completed applications can be considered for further processing. We may wish to contact you by mail, telephone, or e-mail, and it is your responsibility to make sure your contact information is correct and current. Applications will not be processed without all signatures.

Once this form is completed and signed, mail it to the above address, or return it in person to the Firehouse.

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Age \_\_\_\_\_ D.O.B \_\_\_\_\_ SSN \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Place of Birth (city, state) \_\_\_\_\_

Has your driver's license ever been suspended/revoked  YES  NO

If YES, explain with dates:

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Have you ever been convicted of, or plead guilty to, any crime other than a traffic citation in adult court?  YES  NO

If YES, please explain with dates:

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Do you have any physical impairment or special needs?  YES  NO

If yes, please explain:

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Allergies if any: \_\_\_\_\_

## EMERGENCY CONTACT

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

### FIRE & RESCUE EXPERIENCE

Have you ever applied to or been a member of this department before  Yes  No

If YES, please give dates, and the circumstances under which you left the department:

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

Have you ever served in another fire/rescue department  Yes  No

If YES, please give the name and address of the department(s), dates of your service, and

the circumstances under which you left: \_\_\_\_\_

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

State the highest rank you have held: \_\_\_\_\_

List any fire, rescue, EMS or related classes you have taken including where you took the class.

Please bring any previous training certificates to the meeting with the investigating committee.

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

### EMPLOYMENT HISTORY

Current Employment

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation \_\_\_\_\_ Years \_\_\_\_\_

Previous Employment (*if current less than one year*)

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation \_\_\_\_\_ Years \_\_\_\_\_

### MILITARY BACKGROUND

Have you ever been a member of the U.S Armed Forces?     Yes     No

If "YES" did you receive a Dishonorable Discharge     Yes     No

*\*Please bring a copy of your DD-214 with you to your interview if discharged.*

### PERSONAL REFERENCES

Please list two personal references, other than members of this organization.

1. Name \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone: \_\_\_\_\_

### MEMBER REFERENCE

*Application will not be processed without the signature of current member*

MEMBER SIGNATURE \_\_\_\_\_ ID# \_\_\_\_\_

### APPLICANT CERTIFICATION

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that, should an investigation disclose material misrepresentation, omissions, or falsification, my application will be rejected, or, if I am a member, my membership and all rights and privileges thereof may be immediately terminated. My signature on this application indicates that I have read the description for the volunteer positions available to me and I understand the position of a firefighter, emergency medical services provider, or fire police personnel is a physically challenging and that my membership is dependant on my successful completion of a physical examination and a receipt of a favorable background investigation. I further understand that this application form is not a guarantee of membership, nor an offer of membership.

I understand that an incomplete application will not be considered or processed further. I have read the statements above, and by my signature, agree to these provisions.

I understand that if I am under eighteen (18) years of age I will bring a parent or legal guardian to my initial interview with the Membership Committee, and I will include a letter of consent from my parent/guardian.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Signature of Parent/Guardian (If under 18 years of age)

Date



## Red Hook Fire Company

### Privacy Notification

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when the 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 potential supervisors

Be maintained in your personnel file (if you become a fire company member) in our records.

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

This information will be maintained by the Secretary of the Red Hook Fire Company, and be available to you upon request.



# RED HOOK FIRE COMPANY

## Applicant's Authorization for Release of Information

In order to confirm the information I supplied on my application for membership with the **Red Hook Fire Company**, I authorize all licensing agencies, education institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the **Red Hook Fire Company** whether the information be public, private or confidential nature; and I release them from liability and responsibility from doing so.

This authorization in original 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 confirmation of my credentials

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Applicant Signature Date

### Witnessed by:

\_\_\_\_\_  
Name and Title (Please Print)

\_\_\_\_\_  
Signature Date