

Organized August 4, 1930

Date: _____

☐ Firefighter ☐ EMS Member ☐ Administrative Member

1. _____
 (Last Name) (First Name) (Middle Initial)

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

_____ (City) _____ (State) _____ (Zip Code)

3. Phone Numbers: _____ () _____ () _____ ()
 (Home) Cell Work

4. Email Address: _____

5. How long have you resided at the above address? Years: _____ Months: _____

6. How long have you resided in New York State? Years: _____ Months: _____

7. Are you 18 years of age or older? ☐ Yes ☐ No If "No", state your age: _____

8. Is additional information about your name necessary to verify your eligibility for membership? (i.e. name change, nickname, or your use of an assumed name) ☐ Yes ☐ No If "Yes" explain: _____

9. Do you hold a valid New York State Driver's License? ☐ Yes ☐ No
 If not a NYS License, please explain: _____

10. Are you currently employed? ☐ Yes ☐ No If "Yes" give employer information below:
 Name of Employer: _____
 Address: _____ Telephone: () _____
 May we contact your employer as a reference? ☐ Yes ☐ No

11. Please indicate your availability to participate in normal required fire department activities (i.e., meetings, drills, training and emergency calls.) Please check the appropriate time periods:
 Weekdays: Days: _____ Evenings: _____ Nights: _____
 Weekends: Days: _____ Evenings: _____ Nights: _____

12. Previous fire and emergency services experience, including any fire, rescue, police, or emergency medical service agencies of which you were a member: (Indicate if more than one)

Name of Agency: _____

Contact Person: _____

Telephone: () _____

13. Have you ever been a member of the United States Armed Forces? ☐ Yes ☐ No

If "Yes" did you received a dishonorable discharge?

☐ Yes ☐ No

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

If the above answer is "Yes" please provide complete details, on a separate piece of paper, including service branch and service dates.

14. Have you ever been a convicted or **pled guilty** to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offences? ☐ Yes ☐ No

If the above answer is "Yes" please provide complete details, on a separate piece of paper.

15. Please list three personal references, other than members of this organization, who have known you for at least three years. Do not include members of your immediate family.

A. Name: _____ Telephone: () _____

Address: _____

B. Name: _____ Telephone: () _____

Address: _____

C. Name: _____ Telephone: () _____

Address: _____

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

17. Mattydale Fire Department regulations required that you pass a physical examination before becoming a firefighter or emergency technician (emt). The department's designated Nurse Practitioner will provide you with a free medical examination.

Will you be willing to undergo a medical examination?

☐ Yes ☐ No

18. Please provide an emergency contact name and telephone number:

Telephone: () _____

What is this person's relationship to you? _____

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

In witness whereof, this application has been subscribed to this _____ day of _____, _____, by the undersigned applicant who affirms that the statements made herein are under the penalties of perjury.

Applicant Signature: _____

Date: _____

Witnessed by: _____

Date: _____

PRIVACY NOTIFICATION:

The authority to request and confirm personal information on you is found in Chapter 47, Article 6A of the Consolidated Laws of New York State. 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 member of the Mattydale Fire Department or in our resume file for a period of six months if you do not become a member of the Mattydale Fire Department.

Failure to provide the information or authorization requested will result in you not being considered for membership and your application becoming voided.

This information will be maintained by the Board of Fire Commissioners of the Salina Consolidated Fire District No. 2, 173 East Molloy Road, Mattydale, New York 13211; Telephone number (315) 455-1300.

Office Use Only

Date Application Received: _____

Received By: _____

Date of Interview: _____

Recommendation: _____

Action by Department: _____

Date: _____

Signature: _____

Date: _____

Action by Board of Fire Commissioners: _____

Date: _____

Signature: _____

MATTYDALE FIRE DEPARTMENT, INC.

173 EAST MOLLOY ROAD, COR. MITCHELL AVE.
MATTYDALE, NEW YORK 13211-1610



Organized August 4, 1930

Chief's Office: (315) 455-1300
Business Phone: (315) 454-0090

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information supplied on my application for membership with the Mattydale Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military service to disclose their relevant records about me to the Mattydale Fire Department 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 further information, reports, or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Printed Applicant Name

Signature of Applicant

Date

Witnessed by:

Printed Witness Name

Signature of Witness

Date

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the gender, race/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (Mark one or more): ☐ White ☐ Black/ African American ☐ Asian
☐ American Indian/Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

Gender: ☐ Male ☐ Female ☐ Other _____

Place of Birth _____

Height: _____

The Mattydale Fire Department Inc. provides equal opportunity.