PAINTED POST FIRE DEPARTMENT

WEST HIGH AT STEUBEN STEET
PAINTED POST, NEW YORK 14870

Application for Membership

Applicants are considered for all positions without regard to race, color, national origin, religion, sex, age, marital or veteran status or non-job related medical, mental or physical handicaps.

(PLEASE PRINT)

Date of Application: _____

Date of Interview: _____

Applicants Name:

Last Name: _____ First Name: _____ M.I. _____

Present Address: _____ How Long _____

Social Security # _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EDUCATION

School	Name and Location	Degree	Major
High			
College			
Graduate			
Other			

Driver License # _____ State _____ Expiration Date _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

EMPLOYMENT

Current Employer: _____ Employer's Address: _____

Employer's Telephone # _____ Length of time with current employer: _____

Description of job responsibilities: _____

FIRE FIGHTER EXPERIENCE

Name Of Department	Address / Phone #	Length of Time at Department

FIRE SERVICE CERTIFICATES / ACCOMPLISHMENTS

Course Description / Accomplishments	Date Course Completed

SPECIAL SKILLS OR QUALIFICATIONS
i.e. First Aid / CPR Certification

Skill / Qualification / Certificate	Date Completed

REFERENCES
Please give three personal character references other than relatives or former employers

Name	Address	Telephone #	Occupation	Years Known

NOTE: A complete physical examination is required and must be returned to the Chief before active membership starts. The cost of the examination will be covered if the applicant uses a participating physician as approved by Steuben County

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I know and consent to a background informational search for any of the items listed in or associated with this application. If membership is approved I will obey the By-Laws and Standard Operating Guidelines of the Fire Department.

Date:

Signed By

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CONSENT FOR REALEASE OF INFORMATION

NAME:_____ DOB:_____

Law Enforcement Agencies and Criminal Data Archives

_____

Extent or Nature of Information to be Disclosed:

********** All Information on File **********

_____

Purpose or Need for this Information:

**Membership in the Painted Post Fire Department, Painted Post, N.Y.

_____

I hereby authorize the Release of the above Information from my records, if applicable, at all contacted agencies. I understand that the Information to be released is confidential and protected from disclosure. I also understand that this Information is subject to the guidelines established by the Steuben County Attorney's Office per the Freedom of Information Act.

Person Completing Form (Print)

_____ Date Completed: ____/____/____

_____ Identification Submitted: _____
Signature Driver's License: _____

☐ The above named individual has no inmate record at our facility.

☐ The above named individual has no record with our Department/Office

☐ The criminal record concerning the above named individual via our Department or Office is attached.

☐ Other (Explain

Person Releasing the Information: _____

Date ____/____/____ Title: _____