



## **APPLICATION FOR MEMBERSHIP**

**SPEIGLETOWN FIRE COMPANY  
SPEIGLETOWN FIRE DISTRICT  
146 Speigletown Rd  
Speigletown, NY 12182**

***THIS IS AN EQUAL  
OPPORTUNITY  
ORGANIZATION***

Candidates for membership should have a sponsor who is a member in good standing. This organization selects its members carefully, and not all candidates are accepted. However, we will make all membership decisions based upon the following principles:

1. Female candidates for membership will be given equal consideration with male candidates.
2. N.Y. State law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, sex, disability, genetic predisposition or carrier status or marital status of any individual
3. All votes for membership will be cast with the greatest benefit to the community in mind.

Signed,

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

Date:

Speigletown Fire District  
Speigletown Fire Company

**Speigletown Fire Co.  
146 Speigletown Rd.  
Troy, NY 12182**

**APPLICATON FOR MEMBERSHIP**

1. \_\_\_\_\_  
(Last Name) (First Name) (MI)
2. \_\_\_\_\_  
(Address) (Apt./Suite No)
- \_\_\_\_\_ (City, Town, Village) (State) (Zip Code)
3. \_\_\_\_\_  
(Home Telephone) (Work Telephone) (Cell Phone)
4. Are you a U.S. Citizen? If no, do you have the legal right to reside in and accept employment in the U.S.? Y or N  
SSN# \_\_\_\_\_ Alien Registration Number \_\_\_\_\_
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 \_\_\_\_\_  
Date of Birth \_\_\_\_\_
8. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give organization information below. May we contact your organization as a reference?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Address \_\_\_\_\_
10. Do you have a valid New York State Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_  
License ID # \_\_\_\_\_ (a copy of you state drivers license is required)

**Speigletown Fire District  
Board of Commissioners**

**Speigletown Fire Company  
Board of Directors**

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11 Please indicate your availability to participate in normally required fire department activities (meetings, drills, and emergency calls), please check all that apply:

Week Days: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Weekends: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

I am interested in being Active \_\_\_\_\_ Social \_\_\_\_\_ A Patron \_\_\_\_\_

12 Previous emergency service experience: (include only fire, rescue, police, and emergency medical service agencies).

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

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

If "yes" did you receive dishonorable discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

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

If the above answer is yes, give complete details in the space provided for additional information on the last page (include service branch and service dates).

14 Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details under Additional Details.

15 Please list three personal references, other than family members or members of this organization, who have known you for at least three years.

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

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

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

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

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

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

16 Please list the names of the members of this organization who are sponsoring you:

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

**Speigletown Fire District  
Board of Commissioners**

**Speigletown Fire Company  
Board of Directors**

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17 OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The departments designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes \_\_\_\_\_ No \_\_\_\_\_

18 All candidates under the age of 18 must obtain prior approval of a parent or legal guardian before an application can be reviewed.

Parent or Legal Guardian Signature \_\_\_\_\_

(Print) \_\_\_\_\_

19 In case of an emergency list a contact we can contact

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

Phone \_\_\_\_\_

20 I agree that I will abide by Company By-Laws and Rules of the Speigletown District Volunteer Fire Co. Inc.

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

Date \_\_\_\_\_

21 I agree to allow the Speigletown Fire Co. to obtain a copy of my MVR (driving record) from the NYS DMV.

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

Date \_\_\_\_\_

**Additional Information**

**Speigletown Fire District  
Board of Commissioners**

**Speigletown Fire Company  
Board of Directors**

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

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS  
MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

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

Date \_\_\_\_\_

Witnessed By \_\_\_\_\_

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 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 maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you are not a fire company member).

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

The information will be maintained by \_\_\_\_\_ of the Speigletown Fire Company.

**PLEASE READ CAREFULLY AND SIGN BELOW**

**APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION**

I certify that the information provided in and incorporated by reference into this application and all other information I provide during the application process is true and complete and I understand that any misrepresentation or omission may be justification for rejection of my application or cause for terminating my membership at any time. I also understand that any offer of membership or continuance of membership will be based upon satisfactory references and my ability to document legal citizenship or the right to accept membership within the Speigletown Fire District. I hereby release from all liability or damages, those persons, agencies, and organizations who may furnish information in connection with my inquiry for membership. These agencies may include but not limited to all licensing agencies, educational institutions, law enforcement agencies, present and former organizations, and the military services. I understand that if I am offered membership, it will be conditioned on my cooperating with and satisfactorily completing a background search of State Division of Criminal Justice Criminal History records, as well as a pre-employment drug screen and arson background check relative to the membership for which I am being considered. I understand that I may also be required to undergo subsequent physical examinations after I am hired and be photographed as a condition of membership. In the event that I leave this membership, I agree to return all SDVFC property issued to me. I understand that my membership can be terminated with or without cause, and with or without notice, at any time at the option of either the Speigletown District Volunteer Fire Company or myself. I understand that no Speigletown District Volunteer Fire Company or Fire District representative has any authority to enter into ANY agreement of membership for any specified period of time, or to make any agreement contrary to the foregoing.

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

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

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

Date \_\_\_\_\_

Witnessed by :

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Membership Application Checklist**

- Application Submitted \_\_\_\_\_
- Received by Financial Secretary \_\_\_\_\_
- Copy Sent to Commissioners \_\_\_\_\_
- Copy Sent to the Chief \_\_\_\_\_
- Approved by Commissioners \_\_\_\_\_
- Back Ground Checks Complete \_\_\_\_\_
- Drug Screen Complete \_\_\_\_\_
- DMV/MVR Complete \_\_\_\_\_
- Membership Committee Review \_\_\_\_\_
- Presented to the Membership \_\_\_\_\_ Voted Yes  No