

SOUTH SCHENECTADY FIRE DEPARTMENT

6 OLD MARIAVILLE ROAD
SCHENECTADY, NEW YORK 12306

Telephone 355-7720
Fax 355-9789

APPLICATION FOR MEMBERSHIP (CONT.)

Do you have any previous emergency service experience (fire, rescue, police, EMS)? Yes: _____ No: _____

If "Yes", describe briefly: _____

Contact Person: _____ Phone: _____

Please list three references other than immediate family members or members of this department, who have known you for at least three (3) years:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

List the names of any acquaintances, who are members of this department:

OSHA regulations require that all persons pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free examination if you so choose.

Would you be willing to undergo a medical examination by our department physician? Yes: _____ No: _____

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Use the space below for any additional information.

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Authorization for Release of Information

In order to confirm the information supplied on the accompanying application, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and past employers and armed services to disclose any and all information relevant to my application for membership to the South Schenectady Fire Department. I understand that all information will be kept confidential and I release the South Schenectady Fire Department from any and all liability in obtaining said information.

I understand that a copy of this form will accompany any request for official documents or confirmation of credentials.

Applicant Name: _____

Applicant SSN: _____ - _____ - _____

Applicant Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____

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In witness thereof, this application has been subscribed this ____ day of _____,
in the year 20____. The undersigned applicant affirms that the statements made herein are
true to the best of his/her knowledge and that any false statements made herein can be
punishable 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 records 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.
- Maintained in your personnel file (if you become a member) or in our resume file for six months (if you do not become a member).
- Maintained by the chief's office and board of fire commissioners of the South Schenectady Fire Department and Rotterdam Fire District #6.

Failure to provide or authorize the acquisition of relevant information will result in the rejection of the submitted application.