

Nassau Fire District #1  
PO Box 704  
Nassau, NY 12123

**APPLICATION FOR MEMBERSHIP OF THE NASSAU FIRE DISTRICT #1**

Please fill in all information below

Date: \_\_\_\_\_

Name		
Street Address		
City	State	Zip
Telephone ( ) _____ Home	( ) _____ Cell	( ) _____ Work
How long have you resided at the above address? Years: _____ Months: _____		
How long have you resided in New York State? Years: _____ Months: _____		
Are you 18 years of age or older? Yes _____ No _____ If <b>NO</b> , state your age. _____		
Are you currently employed? Yes _____ No _____		
If "Yes" give employer information below. May we contact your employer as a reference? Yes _____ No _____		
Name of Company _____		
Address _____		Telephone _____
Do you have a valid New York State Drivers License? Yes _____ No _____		
Please indicate your availability to participate in normally required fire department activities (meetings, drills, and emergency calls).		
Please check appropriate time periods.		
Week Days:	Evenings _____	Nights _____
Days _____		
Weekends:	Evenings _____	Nights _____
Days _____		
Previous emergency services experience: (include fire, rescue, police, and emergency medical services).		
Name of Agency _____		
Address _____		
_____		
Contact Person _____	Telephone ( ) _____	
List of Training Courses : _____		

Have you ever been convicted of any traffic offense or crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three personal references, **other than members of this organization**, who have known you for at least 3 years.

1. Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_

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

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

DEPARTMENT USE ONLY

1. Investigative Committee: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Reason: \_\_\_\_\_

2. Membership Vote

Ayes \_\_\_\_\_ Noes \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Reason: \_\_\_\_\_

Nassau Fire District #1

**APPLICANT'S AUTHORIZAITON FOR RELEASE OF INFORMATION**

In order to confirm the information I supplied on my application for membership with the Nassau Hose Company #1, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers to disclose their relevant records about me to the Nassau Fire District #1 whether the information be public, private or confidential in 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 future information, reports or updates that may be requested.

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

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

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

Witnessed by:

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

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