



APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____

Address: _____

Length of Residency at above address _____ Date of Birth: _____

Social Security No: _____ Marital Status: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Telephone _____

EDUCATION

High School: _____ Year Graduated _____

Address: _____

College or Trade School: _____ Year Graduated _____

Address: _____

Other: _____

EMPLOYMENT

Current Employer: _____ Telephone _____

Address: _____

Length of Employment _____ Regular Working Hours: _____

List other employers within the last three years:

<i>Employer</i>	<i>Address</i>	<i>Dates Worked</i>
_____	_____	_____
_____	_____	_____

HEALTH

Height: _____ Weight: _____ Blood Type: _____

Do you have any physical or mental conditions which may hinder your activities as a firefighter? _____

If so, please indicate: _____

Do you have any allergies? _____ If Yes, please indicate _____

GENERAL

Have you ever been convicted of a crime? _____ (this does not include minor traffic violations)

If yes, please indicate: _____

Have you been a member of another fire department? _____

If yes, where? _____ How Long _____

Do you have any special skills or qualifications? _____

If yes, please indicate: _____

(Please provide copies of all certificates)

REFERENCES

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

3. Name: _____ Telephone: _____

Address: _____

I hereby certify that the above information I have provided is complete and accurate to the best of my knowledge. I understand that suspensions of my drivers license in the state of New York must be reported to the Fire Chief immediately. I understand that an arson conviction background check will be conducted. I have read and understand the above statements.

Signature of Applicant: _____ Date: _____

For Department Use Only

Application Received Date: _____

A copy of the following documents has been received and attached

- Driver's License
- Social Security Card

Ulster County Sheriff's Dept. Arson Background Form

Completed/Mailed Date _____ Returned Date _____

Membership Approved : YES NO Date: _____