

Millwood Fire Company

100 Millwood Road, Box 2

Millwood, NY 10546

Contact: Greg Santone, Asst. Chief, gsantone1@gmail.com

MEMBERSHIP APPLICATION TYPE: ACTIVE JUNIOR ASSOCIATE

Name: _____

Date of birth: _____ Height: _____ Email: _____

SS number: _____ Driver's license number: _____

Address: _____ How long have you lived at this address? _____

Mobile: _____ Cell carrier: _____ Landline: _____

What is your availability for meetings, drills, and emergency response?

DAYS	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN
EVENINGS	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN
NIGHTS	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN

Have you ever changed your name or used other names? Please list each: _____

Current employer company name: _____

May we contact this employer as a reference? YES NO

Address: _____

Contact name and number: _____

Are you a member of any fire, police, or emergency service agencies? YES NO

Agency name: _____

Address: _____

Contact name and number: _____

Have you served, or are you serving, in the armed forces? YES NO For former members, what is your discharge type, service branch, and service dates? _____

Have you ever been convicted, or have you ever pleaded guilty, to any felony or misdemeanor? YES NO If yes, please describe: _____

Firefighters are required to pass medical examinations and to provide medical histories. Are you willing to undergo a physical examination yearly or as required? YES NO

OSHA requires firefighters to limit facial hair. Can you be clean-shaven? YES NO

Please list three personal references, other than family, who have known you for at least three years:

Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____

List the names of acquaintances who are members of the Millwood Fire Company: _____

Were you proposed by a member? If so, who? _____

Is there anything else we should know? _____

The information you've provided is intended to remain confidential, to the limits of the law, and will be used for membership processing. Your signature authorizes the District and the Company to conduct background checks. By signing, you state under penalty of perjury that the information provided here is true and correct.

SIGNATURE
DATE: _____

WITNESS SIGNATURE
DATE: _____

A parent or guardian's signature is required for applicants younger than 18. This signature authorizes all necessary background checks on your child. A signature indicates that the signer understand that, at the age of 17, their child may operate as an interior firefighter, if considered qualified by the department and having obtained the appropriate training.

GUARDIAN SIGNATURE
DATE: _____

GUARDIAN NAME
GUARDIAN PHONE: _____

Office use only.

Status	Date and Notes	Initials
Received		
Interview		
Presented to Company		
Physical and fit test		
Background check		
Approved by Company		
Approved by District		