

# Millwood Fire Company

100 Millwood Road, Box 2

Millwood, NY 10546

Contact: Greg Santone, Asst. Chief, [gsantone1@gmail.com](mailto: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**  MON  TUES  WED  THURS  FRI  SAT  SUN

**EVENINGS**  MON  TUES  WED  THURS  FRI  SAT  SUN

**NIGHTS**  MON  TUES  WED  THURS  FRI  SAT  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		