

Montgomery Hose, Hook & Ladder Co., No. 1, Inc.

ROUSES POINT, N.Y.

APPLICATION PROCEDURE

1. Submit completed and signed application.
2. Arson Check form submitted with Social Security number and driver's license. Law Enforcement review.
3. Physical completed and received by the Secretary.
4. Interview by Executive Committee.
5. Vote by Executive Board and name presented to the company membership and application read at next regular meeting.
6. Name formally presented to Village Board at the next regular meeting of the Village Board.

APPLICATION FOR MEMBERSHIP

MONTGOMERY HOSE, HOOK & LADDER CO., NO. 1, INC.
P.O. BOX 245
ROUSES POINT, NY 12979-0245

DATE _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt/Suite No.)

(City, Town, Village) (State) (Zip Code)

3. Telephone: (_____) _____ (_____) _____
(Home) (Work)

4. How long have you resided at the above address? Years: _____ Months: _____

5. How long have you resided in New York State? Years: _____ Months: _____

6. Are you 18 years of age or older? Yes: _____ No: _____

If NO, state your age: _____

If 16 or 17, you are eligible for our "members with restrictions" program. In order to qualify, your parent or legal guardian must sign this application and attend your interview with the Executive Committee.

PARENT OR GUARDIAN SIGNATURE: _____
DATE SIGNED: _____

7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes _____ No _____
If "Yes", explain.

8. 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 _____

9. Do you have a valid New York State Drivers License? Yes _____ No _____

10. Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls).

Please check appropriate time periods.

Weekdays:
Days _____ Evenings _____ Nights _____

Weekends:
Days _____ Evenings _____ Nights _____

11. Previous emergency service experience (include only fire, rescue, police, and emergency medical service agencies).

Name of Agency: _____

Address: _____

Period of Service: _____

Contact Person: _____ Telephone: _____

(if more space is needed, please identify on attached sheet)

12. Have you ever been a member of the United States Armed Forces? Yes _____ No _____

If the answer is "Yes", did you receive an dishonorable discharge? Yes _____ No _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

If the above answer is "Yes", give complete details in the space provided for additional information on the last page. (Include service branch and service dates).

13. Have you ever been convicted or pled guilty to a Felony, Misdemeanor, Insurance Fraud, Arson, or a reduction of one of these offenses? Yes _____ No _____ If "Yes" give details on the attached sheet.

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

A. Name: _____ Tel# _____

Address: _____

B. Name: _____ Tel# _____

Address: _____

C. Name: _____ Tel# _____

Address: _____

15. Please list the names of any acquaintances that are members of this organization.

16. OSHA regulations require that you pass a physical examination before becoming an interior structural Firefighter. The Department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes _____ No _____

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING

IN WITNESS WHEREOF. THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY OF _____, 19____ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE _____

DATE _____

WITNESSED BY _____

DATE _____

APPLICATION MUST BE SIGNED BY 3 MEMBERS OF THE MONTGOMERY,HOSE,HOOK & LADDER CO.,NO.1, INC.

1. _____

2. _____

3. _____

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 record 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;

be released to the fire chief and your potential supervisors; and

be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by _____; the Secretary of

the Montgomery Hose, Hook & Ladder Co., No. 1, Inc., Rouses Point, New York

(Telephone Number)

DATE RECEIVED

SIGNATURE OF COMPANY SECRETARY

Village Of Rouses Point
Fire Department Physical

Name _____
Address _____
Phone _____

Reason for Exam
New _____
Periodic _____
Problem _____

History

Have you ever been admitted to a hospital? If so, give date and reason

Have you had any serious injuries, been on disability, or collected workmans comp?

Do you take any medicines? What and why? _____

Do you have any allergies to medicines? _____

Have you had: hepatitis immunizations? _____ when?

a dT(tetanus shot) in the last 5 years? _____ when?

a TB test in the last 12 months? _____ when?

two measles shots? _____ when?

Does either of your parents have medical problems? _____

Do you smoke? Y N

How much do you drink? _____

PE

Ht Wt BP Pulse

Visual Acuity OD OS Ishihara passed failed

Audiometry

= normal x=abnormal

Eyes _____ Nodes _____ Abd _____ Neuro _____

Ears _____ Thyroid _____ GU _____ Is there a hernia? _____

Mouth _____ Heart _____ Ext _____

Neck _____ Lungs _____ Spine _____

I have examined the applicant on _____ (date) and find nothing to keep him from working with the fire department

signature

*BUSINESS MEETING
Second Monday of each month.*

*WORKOUT MEETING
Fourth Monday of each month.*

Montgomery Hose, Hook & Ladder Co., No. 1, Inc.

ROUSES POINT, N. Y.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Montgomery Hose, Hook & ladder Co., No. 1, Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the above named Fire Company whether the information be of public, private or confidential 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) Applicant's Signature _____ Date

Witnessed by:

Name and Title (Please Print) Signature _____ Date

BUSINESS MEETING
Second Monday of each month.

WORKOUT MEETING
Fourth Monday of each month.

Montgomery Hose, Hook & Ladder Co., No. 1, Inc.
ROUSES POINT, N.Y.

MONTGOMERY HOSE, HOOK & LADDER CO., No. 1, Inc.

Arson check information

Please also enclose readable copy of driver's license.

Current address (if different than license):

Place of Birth: _____

Birthdate: _____

Social Security #: _____