

MARGARETVILLE FIRE DEPARTMENT
Application for Membership

I, the undersigned, a resident of the Middletown-Hardenburgh Fire District or the Village of Margaretville for the past six months, hereby apply for membership in the Margaretville Fire Department.

Please fill in this application completely. **Make sure to have a *Notary Public* affirm your signature on page 4 of this application.**

All blanks must be filled in completely

Print Name: First _____ MI _____ Last _____

Nickname _____ Alias and/or Maiden Name _____

Date of Birth _____ Place of Birth _____

Height _____ Weight _____

Home Address _____

Home Phone _____ Cell Phone _____

Place of Business _____ Work Phone _____

Driver's License # _____ SSI # _____

Marital Status _____

Have you ever been a member of a fire department? _____ Location _____

Have you ever had any fire training? _____ Location _____

Have you ever been rejected or expelled from any fire department? _____

Have you ever been convicted of ANY crime? _____

Do you have any impairment or disability? _____ If yes, explain _____

Medical Report

A Doctor's statement must be attached to this application stating that you are fit or unfit for firematics duty. This statement shall be on the Doctor's letterhead and signed by them. The Board of Fire Commissioners will not act on this application if the medical report is not attached.

**MIDDLETOWN - HARDENBURGH FIRE DISTRICT
STATEMENT OF PHYSICAL CONDITION**

Following physical examination of _____,
an applicant to the Margaretville Volunteer Fire Department, I do attest to the following
results for said physical.

- 1. Acceptable for all work as a firefighter. _____
- 2. Acceptable for limited work as a firefighter as
stipulated in the comments section of this approval. _____
- 3. Not acceptable for work as a firefighter. _____

Comments of Physician:

_____ M.D.
_____ Date

Signature Portion of Application

(All signatures must be completed for acceptance)

Applicant Recommendations

Active - Non-Probationary Members

- 1. _____
- 2. _____
- 3. _____

Line Officer _____

Commissioner _____

References

- 1. _____
Name _____
Address _____
Phone No. _____

- 2. _____
Name _____
Address _____
Phone No. _____

If under 18, signature of Parent or Legal Guardian:

_____ Date _____

Investigation Committee Report: Date of Interview: _____

- 1. _____ Approve ____ Reject ____
- 2. _____ Approve ____ Reject ____
- 3. _____ Approve ____ Reject ____

Investigation Committee Comments:

Applicant statement of release of information: (signed in presence of a Notary Public)

I certify that all physical information presented to the physician is correct and complete to the best of my knowledge and I hereby authorize the examining physician to discuss any medical findings with the Company.

Signature of Applicant _____ Date _____

Authorization for release of information: (signed in the presence of a Notary Public)

I, _____, hereby swear that my answers to all of the above questions on this application are true to the best of my knowledge. **I hereby give my permission to the Margaretville Fire Department or Middletown - Hardenburgh Fire District Board of Commissioners to make ANY investigation including arrest and conviction record relative to the consideration of my qualification for membership into the department.** I understand that omitting or misrepresenting information called for on this application or in subsequent inquiries in connection with the investigation constitutes sufficient grounds for immediate discharge.

Signature of applicant _____ Date _____

Sworn and Subscribed to before me

The _____ day of _____ (Date)

_____ (Notary Public)

Seal

Fire Department Approval

On _____ (date), the applicant was approved by the membership of the Margaretville Fire Department.

_____ Date _____

Secretary - Margaretville Volunteer Fire Department

Board of Fire Commissioners:

On _____ (date), this application was reviewed by the board of fire Commissioners of the Middletown - Hardenburgh Fire District as required by the fire laws of the State of New York and it was found that the applicant meets all the conditions of this application.

Remarks: _____

_____ Date _____

Chairman - Middletown - Hardenburgh Fire District Commissioners

RELEASE OF INFORMATION AUTHORIZATION

In connection with my application for membership, I understand that an investigation consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by fire district policy and consistent with the job described, the fire district may be requesting information from public and private sources about my workers compensation injuries, driving record, court record, education, credentials, credit and references.

Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or other applicable laws. According to the Fair Credit Reporting Act, I am entitled to know if membership is denied because of information obtained by from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

I here by authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer; reference or insurance company contacted by the Middletown-Hardenburgh Fire District and/or Margaretville Fire Department or its agent and/or Halcottsville Fire Department or its agent, to furnish the information described above. **I acknowledge that a fax, PDF or photocopy shall be as valid as the original.**

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records.

Print your Full Name

Social Security Number

Print other names you have used

Date of Birth (MM/OD/YY)

_____, NY
Address

ZIP Code

Drivers License Number and State

Today's Date

Signature