



Branchport/Keuka Park Fire Department
3686 Rte. 54A
Branchport NY 14418

APPLICATION FOR MEMBERSHIP/MUTUAL AID

Today's Date _____

Last Name _____ First _____ MI _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Telephone: () _____ - _____ () _____ - _____ () _____ - _____
 (Home, if none skip) (Cell) (Work)

Date of Birth ____/____/____ Social Security Number ____-____-____

E-mail Address _____

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

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

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

Are you currently a student? No ___ Yes _____ If "Yes" where? _____

Are you currently employed? No ___ Yes _____ If "Yes" give employer information below.

May we contact your current employer as a reference? "Yes" ___ "No" ___

Name of Company _____

Address _____ Telephone() _____ - _____

Do you have a valid New York State Drivers License? Yes ___ No ___ Driver ID # _____

There are many facets of our organization that may be of interest to you. Please check all that apply.

Exterior Firefighting _____ EMS - CFR _____ Dive Team _____

Interior Firefighting _____ EMS - EMT _____ Fire Police _____

Auxiliary _____ *Mutual Aid _____

Please list names of any acquaintances that are members of this organization:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____



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

Week Days: Days _____ Evenings _____ Nights _____ Varies _____
 Week Days: Days _____ Evenings _____ Nights _____ Varies _____

Previous emergency services experience: (include only fire, rescue, police and EMS agencies).

Name of Agency _____
 Address _____
 Contact Person _____ Telephone (____) ____ - ____
 (if more space is needed please identify on attached sheet)

Have you ever been a member of the United States Armed Forces? Yes _____ No _____
 If answer is "Yes", did you receive an dishonorable discharge? Yes _____ No _____

If above answer is "Yes", give complete details in space provided for additional information on the last page (include service branch and service dates). Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.

Have you ever been convicted of or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of any of these offences? Yes _____ No _____ If "Yes" give details on the attached sheet.

Please list three personal references, (**other than members of this organization, family**), who have known you for at least three (3) years.

1. Name: _____ Relationship: _____
 Address _____ Phone Number (____) ____ - ____
2. Name: _____ Relationship: _____
 Address _____ Phone Number (____) ____ - ____
3. Name: _____ Relationship: _____
 Address _____ Phone Number (____) ____ - ____

Yates County Workman's Compensation requires a simple baseline physical for all Emergency Service personnel. This examination will be of no cost to you. Will you be willing to undergo this medical examination? Yes _____ No _____

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



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ADDITIONAL INFORMATION

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 _____, 20__ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

Applicant Signature: _____ Date: _____

Witnessed By: _____ Date: _____

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.
- Be used to run an arson conviction background check, as required by New York State Law.(if having been found guilty of arson membership will be denied)
- Be maintained in your personnel file (if you become a member) or in our resume file for six (6) months (if you are not).

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

The information will be maintained by the Chief or Designee of the Branchport/Keuka Park Fire Department, 3686 Rte 54A Branchport NY. 14418
(315)-595-2296

FOR OFFICE USE ONLY

APPROVAL BY THE MEMBERSHIP COMMITTEE Date _____

APPROVED BY THE BOARD OF FIRE COMMISSIONERS Date _____

APPROVED BY THE DEPARTMENT MEMBERSHIP Date _____

NOTES: _____
