



Protection Engine Company No. 1 Inc.

1132 Main Street Fishkill, NY 12524

Application for Membership

Date of Application: _____ for Active or Associate Membership

SECTION I: INFORMATION ABOUT THE APPLICANT

1. Full Name: _____
2. Address: _____
3. Post Office Address (if different from above): _____
4. Home Phone: (____) _____ Work Phone: (____) _____
5. How long have you resided at the above address? _____ Yrs.
6. How long have you resided in New York State? _____ Yrs.
7. Are you 18 years of age or older? YES NO If NO, state your age: _____
8. Have you ever served in the United States Armed Forces? YES NO
 - a. If YES, did you receive a dishonorable discharge? YES NO If YES, give details in the space provided for additional information. Include service branch and service dates. (Dishonorable discharge is, by itself, not an absolute bar to membership)
9. Do you have a valid New York State Driver's License? YES NO
10. 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 in the space provided for additional information

SECTION II: EMPLOYER INFORMATION

11. Are you currently employed? YES NO
12. May we contact your employer as a reference? YES NO
13. If Yes, Name of Company: _____
14. Company Address: _____
15. Company Phone: (____) _____

SECTION III: PREVIOUS EMERGENCY SERVICES EXPERIENCE (Fire, Rescue, Police, EMS)

16. Have you ever had experience as a member of an Emergency Services Organization? YES NO
17. Name of Agency: _____
18. Address: _____
19. Contact Person: _____
20. Telephone: (____) _____
21. Have you ever been dishonorably discharged from an Emergency Service Organization? YES NO

Applicants Name: _____ Date of Application: _____

SECTION IV: OSHA PHYSICAL EXAM FOR ACTIVE FIREFIGHTERS: OSHA regulations require that you pass a physical before becoming an interior structural firefighter. Therefore, you must submit a Medical Doctor's certification stating that you are medically qualified to be an interior structural firefighter. Subsequently physical examinations and health surveys will be provided by the Fishkill Fire Department on an annual basis.

SECTION V: REFERENCES

22. List three (3) personal references, other than members of this organization, who have known you for at least 3 years.

b. Name: _____ Telephone (____) _____.

Address: _____

c. Name: _____ Telephone (____) _____.

Address: _____

d. Name: _____ Telephone (____) _____.

Address: _____

23. List the name(s) of up to five (5) acquaintances that are members of this organization:

1. _____

2. _____

3. _____

4. _____

5. _____

SECTION VI: APPLICANT AVAILABILITY

24. Check all the appropriate time periods that are applicable to indicate your availability to participate in normally required fire department activities (e.g. meetings, drills and emergency calls)

Week days:

Days _____ Evenings _____ Nights _____

Weekends:

Days _____ Evenings _____ Nights _____

SECTION VII: NOTICES:

The application fee (\$25.00 for Active Membership, \$25.00 for Associate Membership) must accompany this application for processing. The application fee covers dues for the fiscal year in which the application is made. If the application is rejected for membership, the fee is returned. You may submit this application to any member of the Company or send it to the attention of the Secretary, Protection Engine Company No. 1, 1132 Main Street Fishkill, NY 12524. You will be contacted by a member of our Membership Committee to review our requirements and explain the benefits of membership to you. Please be sure that ALL responses on this application have been given and are as accurate as possible. The information supplied in this application is subject to verification.

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 member) or in our resume file for 6 months (if you are not a fire company member).

Failure to provide the information or authority will result in your application not being considered for membership. The information will be maintained by the Secretary of Protection Engine Company #1, Inc. 1132 Main Street Fishkill, NY 12524. Telephone 845-896-6613.

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Applicants Name: _____ Date of Application: _____



Protection Engine Company No. 1 Inc.
1132 Main Street Fishkill, NY 12524

Background Check

Personal Information: (Please Clearly Print All Information)

Name: _____
Last First Middle I.

Maiden Name or Other Names Known By: _____

Date of Birth: _____

Place of Birth: _____
City State County

Current Address: _____

City: _____ State: _____ Zip: _____

Previous Address: (If Present Address is Less Than Five Years of Residency)

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License: _____

State Number Expiration Date

Authorization:

I hereby authorize the Dutchess County Sheriff's Office Detective Division to conduct a background check for arson and any offense requiring registration as a sex offender for my application for a position of Volunteer with the above named fire department. Such inquiry will be conducted as outlined in the Rules and Regulations of the Dutchess County Sherriff's Office for background checks for positions of volunteers with fire departments in Dutchess County.

Applicant's Signature Print Name Date

Witnessed By: (Witness must be an Officer of the Fire Department)

Department Officer Signature Print Name and Title Date

VFF Background Inquiry
Rev 10/19/16