



Deluge No. 1

America's First Fire Engine — 1731  
 On Display At Old Stone Fort Museum, Schoharie, New York

# SCHOHARIE FIRE DEPARTMENT NIAGARA ENGINE COMPANY NO. 6 APPLICATION FOR MEMBERSHIP

| <b>APPLICANT PERSONAL INFORMATION</b>  |                                 |   |
|--|---------------------------------|---|
| Last Name:   | First Name:                     | MI  |
| Current Address:   |                                 | Apt #:  |
| City:  | State:                          | Zipcode:  |
| Department Membership category desired   | Active <input type="checkbox"/> | Associate <input type="checkbox"/> Auxiliary <input type="checkbox"/> |
| How long have you resided here:  | Driver's License #:             |   |
| Date of birth:   | Social Security #:              |   |
| Home Telephone #:  | Cell Phone #:                   |   |
| <b>EMPLOYMENT INFORMATION</b>  |                                 |   |
| Current Employer:  |                                 |   |
| Employer Address:  |                                 |   |
| Phone #:   | Working Hours:                  |   |
| <b>EMERGENCY CONTACT PERSON</b>  |                                 |   |
| PLEASE LIST THE EMERGENCY CONTACT INFORMATION OF A RELATIVE  |                                 |   |
| Last Name:   | First Name:                     |   |
| Address:   |                                 | Apt #:  |
| City:  | State:                          | Zipcode:  |
| Relationship:  | Phone #:                        |   |
| <b>CHARACTER REFERENCES</b>  |                                 |   |
| PLEASE LIST THREE REFERENCES, OTHER THAN IMMEDIATE FAMILY MEMBERS OR MEMBERS OF THIS DEPARTMENT, WHO HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS |                                 |   |
| Name   | City                            | Phone #   |
|  |                                 |   |
|  |                                 |   |
|  |                                 |   |

| <b>PREVIOUS SERVICE HISTORY</b>  |  |
|--|--|
| Have you ever been a member in the United States Armed Forces?                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you answered "Yes", indicate service branch and dates:  |  |
| If you answered "Yes", were you discharged honorably?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have any prior emergency service experience (fire, police, EMS)?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you answered "Yes", list company name, contact person and dates of service in the space below |  |
|  |  |
|  |  |
|  |  |

|   |  |
|---|--|
| Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you answered "Yes", give details in the space provided below   |  |
|   |  |
|   |  |
|   |  |

| <b>BRIEFLY DESCRIBE YOUR INTEREST IN JOINING THE SCHOHARIE FIRE DEPARTMENT</b> |
|--|
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|  |

Date Received by Department \_\_\_\_\_

Date Voted Upon By Membership \_\_\_\_\_

Vote Results \_\_\_\_\_

**Authorization for Release of Information**

In order to confirm the information supplied on the accompanying application, the undersigned applicant authorizes all licensing agencies, educational institutions, law enforcement agencies, present and past employers and armed services to disclose any and all information relevant to this application for membership to the Schoharie Fire Department. The undersigned applicant understands that all information will be kept confidential and releases the Schoharie Fire Department from any and all liability in obtaining said information.

The undersigned applicant understands that a copy of this form will accompany any request for official documents or confirmation of credentials. Failure to provide or authorize the acquisition of relevant information will result in the rejection of the submitted application. The undersigned applicant affirms that the statements made herein are true to the best of his/her knowledge and that any false statements made herein may result in the rejection of the submitted application and cause for termination of membership. If elected, the undersigned applicant promises to abide by the By-Laws of the Schoharie Fire Department.

|   |
|---|
| Applicant Name:   |
| Applicant SSN:  |
| Applicant Signature:  |
| Parental Signature:<br><i>(if applicant is under the age of 21)</i> |
| Date:   |

Return completed application to any department member  
or mail to: PO Box 428, Schoharie, NY 12157