

**APPLICATION FOR MEMBERSHIP
TERRYVILLE FIRE DEPARTMENT
PORT JEFFERSON STATION, NY**

INSTRUCTIONS: Application must be completed in duplicate.
Application and background forms are to be notarized. Please complete all forms neat and legible.

Name: _____ Age: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

U.S. Citizen: Y / N Marital Status: _____ # of Children: _____

Valid NYS Drivers License: Y / N Drivers License Number: _____

EDUCATION	High School	Vocational	College / University	Advanced Education
SCHOOL NAME				
CITY & STATE				
YEAR GRADUATED				
DEGREE / AREA				

MILITARY EXPERIENCE	Branch	Highest Rank	Dates	Discharge Type

FIRE / RESCUE EXPERIENCE	Fire Department	City, State	Dates	Rank / Assignment

EMS TRAINING	CFR	EMT	EMT-CC	PARAMEDIC
(Provide date of certification)				

CHECK THE USUAL TIMES THAT YOU WILL BE AVAILABLE TO RESPOND TO EMERGENCIES:

TIME	SUN	MON	TUE	WED	THU	FRI	SAT
6:00am – 12:00pm							
12:00pm – 6:00pm							
6:00pm – 12:00am							
12:00am – 6:00am							

Reasons for wanting to join the Terryville F.D.: _____

Do you agree to a comprehensive physical examination by the Fire District Physician: Y / N

List any physical or mental disorders that you are presently or have previously been treated for by a physician or medical facility: _____

In case of an emergency, notify: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

ANY FALSE INFORMATION PROVIDED ON THIS APPLICATION WILL BE CAUSE FOR IMMEDIATE DISMISSAL.

I certify that all statements provided on this form are true. I consent to the release of any information required to verify the information provided. I agree that I will obey all laws, rules, and regulations and follow the operational policies and guidelines as prescribed by the Terryville Fire Department.

Signature of Applicant: _____ **Date:** _____

State of NEW YORK, County of SUFFOLK SS.

_____ being duly sworn, both deposes and says that the above statements are true to the best of his / her knowledge and belief and are given to induce the Terryville Fire Department to accept the application

Sworn to before me this _____ day of _____ 20_____
(Signature & Stamp of Notary)

I hereby authorize the Suffolk County Police Department to conduct a criminal background check, including a check of any Sealed Records. I authorize the release of information directly to the Terryville Fire Department.

NAME: _____

ADDRESS: _____

D.O.B.: _____

SOCIAL SECURITY NUMBER: _____

NYS DRIVER I.D. NUMBER: _____

Signature of Applicant: _____ Date: _____

State of NEW YORK, County of SUFFOLK SS.

_____ being duly sworn, both deposes and says that the above statements are true to the best of his / her knowledge and belief and are given to induce the Terryville Fire Department to accept the application.

Sworn to before me this _____ day of _____ 20_____
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