



KIRKWOOD FIRE CO. DIST.No.1, Inc.

Chartered July 24th 1937

297 Main Street

Kirkwood, NY 13795

Phone: (607)775-2411

Fax: (607)775-7340

APPLICATION FOR MEMBERSHIP

Date: _____ DOB: _____

First Name: _____ Last Name: _____

Address: _____ Apt./Suite No. _____

City: _____ State: _____ Zip: _____

Telephone: Home (____) _____ Cell: (____) _____

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

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

Are 18 years of age or older? Yes: _____ No: _____ if NO, state your age. _____

Also if no, parent or guardian signature required on this application.

Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership?

Yes: _____ No: _____ If YES, explain: _____

Are you currently employed? Yes: _____ No: _____

If YES, give employer information below. May we contact your employer as a reference?

Yes: _____ No: _____

Name of Company: _____

Address: _____

Do you hold a valid New York State Drivers License? Yes: _____ No: _____

If yes, what is your driver's license number? _____

Please indicate your availability to participate in normally required fire department activities (meeting, drills and emergency calls).

Please check appropriate time periods.

Weekdays: Days: _____ Evenings: _____ Nights: _____

Weekends: Days: _____ Evenings: _____ Nights: _____

Previous emergency service experience: (include only fire, rescue, police, and ems agencies).

Name of Agency: _____

Address: _____

Contact Person: _____

Have you ever been a member of the United States Armed Forces? Yes: _____ No: _____

If yes did you receive an Honorable Discharge? Yes: _____ No: _____

Dishonorable discharge is not an absolute bar. This and other factors will effect a final membership decision.

If the above answer is **NO**, give complete details in the space provided for additional information on the last page (include service branch and service dates)

Have you ever been convicted of or pled guilty to a felony, misdemeanor, insurance fraud, arson, or reduction of one of these offenses? Yes: _____ No: _____

If the above answer is **YES**, give complete details in the space provided for additional information on the last page.

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

1. Name: _____ Tel. #: _____
Address: _____

2. Name: _____ Tel. #: _____
Address: _____

3. Name: _____ Tel. #: _____
Address: _____

Please list the names of any acquaintances of this organization:

OSHA regulations require that you pass a physical examination before becoming a firefighter. The departments designated physician will provide you with a free medical evaluation. Will you be willing to undergo a medical examination?

Yes: _____ No: _____

I certify the above information to be correct, and understand that any false or misleading information could have a direct impact on my membership application.

Signature of Applicant: _____ Date: _____

Parent Guardian Signature: _____ Date: _____
(If applicable)

ADDENDUM TO MEMBERSHIP APPLICATION

This page gives you space to provide additional information regarding conviction record and/or discharge status. If you answered "yes" to being convicted of a felony or misdemeanor, please provide us information such as the date of the offense, the seriousness and nature of the offense and any rehabilitation completed.

Applicant Signature: _____

Date: _____

(Remember, a conviction record will not be an automatic bar to membership. Factors such as seriousness, nature of the violation, and rehabilitation will be taken into account. Please be honest as every prospective member does undergo a back ground check by the Broome County Sheriff's Office.)