

Neversink Fire Company No. 1
Application for Membership

Please Print Clear and Legibly

Personal Information

Last	First	MI	D.O.B.	Age
S.S.N.	Home Phone #		Cell Phone #	
Street Address		City	State	Zip
Driver's License Number	Driver's License State	Driver's License Class	Driver's License Expiration Date	
Email Address				
Are you entitled to work in the United States?				
Have you ever been convicted of a sexual offense?				
If yes, please explain:				
Have you ever been convicted of a felony or been incarcerated in connection with felony?				
If yes, please explain:				
Have you ever been convicted of arson or been incarcerated in connection with arson?				
If yes, please explain:				
Have you ever been suspended or denied membership to any other fire company?				
If yes, please explain:				
Have you ever been cited for any traffic violations in the past 5 years?				
If yes, please explain:				
Do you have any physical limitations?				
If yes, please explain:				
Military Service?				
War or Wars:				
Are you a veteran?				
Circle position are you applying for. FireFighter, FirePolice, Social Member, Other: _____			How did you hear about this position?	
Names of two current Neversink Volunteer Fire Company members recommending you OR member accepting your application:			Date you are available to start:	

Prior Work Experience

	Current or Most Recent		1st Prior		2nd Prior	
Employer						
Address						
City, ST, Zip						
Telephone						
Name of Immediate Supervisor						
Date of Employment	From:	To:	From:	To:	From:	To:
Position or Job Title						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/ Location	Last year Complete	Degree	Major
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other, GED (year completed)				
List any applicable special skills training or proficiencies				

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References

List the current or previous Fire/EMS organizations that you have been a member of

	Current or Most Recent		1st Prior		2nd Prior	
Fire or EMS Name						
Address						
City, ST, Zip						
Telephone						
Name of Immediate Supervisor						
Date of Employment	From:	To:	From:	To:	From:	To:
Position or Job Title						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any State Certifications ex. FF1 or Higher, VRT, EMT, Etc:

List 3 persons not related to you that could be used as a reference

	Current or Most Recent	1st Prior	2nd Prior
Name			
Address			
City, ST, Zip			
Telephone			
How do you know this person?			

May we conduct background ☐ Yes ☐ No Have you enclosed the \$10.00 application fee? ☐ Yes ☐ No

Disclaimer: By signing, I hereby certify that the above information, to the best of my knowledge is correct. I understand that falsification of

Signature	Date
Parent/Guardian Signautre (if under age 18)	Date