



Nyack Fire Department Joint Membership Application

APPLICATION INFORMATION

PLEASE PRINT (3) COPIES OF APPLICATION & (3) COPIES OF PHOTO I.D. | INCLUDE APPLICATION FEE

*** ALL INFORMATION PROVIDED SUBJECT TO REVIEW AND VERIFICATION ***

Company Applied for: _____

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Driver's License ID: _____

Are you a citizen of the United States? YES NO
(If NO Provide Permanent ResidencyCard)

Place of Birth: _____

Are you a Naturalized Citizen? YES NO
(If YES Provide Certificate Copy)

Have you ever been convicted of a felony? YES NO

If YES, explain: _____

Have you ever been a member of the Nyack Fire Department or any another Fire Department? YES NO

If YES What Company/Department? _____

Date From: _____ Date To: _____

Point of Contact Reference: _____

Reason for leaving:

Fire Training Courses Completed (Please Provide Certificates):

BIOMETRICS

Marital Status: _____ Age: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____


EDUCATION

Highest Level: _____ School: _____
From: _____ To: _____ Did you graduate? YES NO Diploma: _____

EMPLOYMENT

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your  supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

REFERENCES

Please list three references, one to be non-family member.

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

DISCLAIMER SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

PARENTAL CONSENT (under 18 years)

Name: _____ Relationship: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

1st READING SIGN OFF

Full Name: _____ Date: _____

Company Secretary: _____ Date: _____

Signature: _____

Full Name: _____ Date: _____

Department Secretary: _____ Date: _____

Signature: _____

APPROVAL SIGN OFF

Full Name: _____ Date: _____

Company Secretary: _____ Date: _____

Signature: _____

Full Name: _____ Date: _____

Department Secretary: _____ Date: _____

Signature: _____

DISTRICT SIGN OFF

Full Name: _____ Date: _____

District Secretary: _____

Signature: _____

ADDITIONAL INFORMATION

Candidate has completed a background arson investigation? YES NO

Candidate has completed a physical? YES NO Date of Completion: _____