Membership Application



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NAME
ADDRESS
COMPANY
BADGE #

INSTRUCTION PAGE

- 1. Applicant must make a photocopy of their driver's license and submit it with the application.
- . The answers to questions in this application must be printed in blue or black ink or typewritten by the applicant.
- μ Applicants must answer every question HONESTLY and TRUTHFULLY and WITHOUT EVASION
- 4. Any section of this application not filled out or any evasiveness to any of the for membership into the Commack Fire Department questions in this application may result in AUTOMATIC DISQUALIFICATION
- <u>5</u> gating committee of the Commack Fire Department. A thorough background investigation will be completed by the investi-
- <u>ن</u> An arrest record check will be conducted by the Suffolk County Police Department
- 7. The arrest record release form MUST BE NOTARIZED.
- $\dot{\infty}$ All information contained in this application will be kept confidential.

COMMACK FIRE DISTRICT

6309 JERICO TURNPIKE
COMMACK, NEW YORK 11725
TOWNS OF HUNTINGTON AND SMITHTOWN
(631) 499-0069 FAX (631) 499-5181

BOARD OF COMMISSIONERS
KENNETH A. POPP, CHAIRMAN
JOHN N. MINTON, JR.
ROBERT J. INGRAM
JEREMIAH O'SULLIVAN
THOMAS P. McFADZEN

JOHN SANZERI, TREASURER
NANCY McFADZEN, SECRETARY/DEPUTY TREASURER
WALLACE B. DOYNA, DISTRICT MANAGER

authorize the release of this information directly to the Commack Fire perform an arrest records check, including sealed records, if any, and I District. hereby authorize the Suffolk County Police Department to

NAME: ADDRESS:	
D.O.B.:	
S.S. #:	
DRIVERS LIC NO.:	
SIGNATURE:	
NOTARY/WITNESS:	

of a criminal record with another jurisdiction. NOTE: This check will be limited to the jurisdiction of the Suffolk County Police Department only and does not preclude the possibility

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•	PERSONAL DAIA	LUAIA			
	Last Name:		First:		M:
	Address: _				=
	City:		State:	Zip:	
	Mobile Telephone:	lephone:	Home Telephone:		
	E-Mail Address:	dress:			
	List below	any other nam	List below any other name, alias or nickname by which you are or have been known.	ou are or have	been known.
	Social Security	Social Security Number:	Date of Birth: Mosth	?	
	Citizenship	₫:			i de
	Marital Sta	Marital Status: 🗌 Single	☐ Married ☐ Separated	☐ Divorced	☐Widowed
	If married,	If married, name of spouse:	e: 		
=	CONSENT	CONSENT FOR BACKGROUND CHECK	JND CHECK		
		(print name)		do hereby give my expressed permission to	d permission to
	the Commaware that	nack Fire Depart t this may be ar	the Commack Fire Department to perform an investigation into my background. I am aware that this may be an extensive investigation and may include, but will not be	on into my bacl y include, but v	kground. I am will not be
	limited to,	veritying crimir	limited to, verifying criminal history and driving record.	} }	
		App	Applicant's Signature		Date
=	RESIDENCE RECORD	RECORD			
	Starting with your pring the past 10 years.	ith your present : 10 years.	Starting with your present address, list each address at which you have resided in the past 10 years.	nich you have r	esided
	FROM	То	Address	СІТУ	STATE
		PRESENT			

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FROM		On w	Type of	Supe	Compan Address:	EMPL	Address: Dates of	School:		Name:	EMER
То	ARY SERVipelow milit d status. If	bers of hou hat days ar hat nights	of work yo	Supervisor's Name:	Company Name: Address:	OYMENT F	Address:	ol:	ייני פוני פוני פוני פוני פוני פוני פוני	ss:	GENCY NO
ACTIVE	MILITARY SERVICE RECORD List below military service pe Guard status. If you have nev	Numbers of hours per week: On what days are you employed? On what nights?	Type of work you perform: _	ne:		RECORD - List	ance:	ORD - Where			TIFICATION -
BRANCH	MILITARY SERVICE RECORD List below military service performed on either active duty or on Re Guard status. If you have never served in the military enter "NONE"	Hed? Mon		E)		EMPLOYMENT RECORD - List below your current employer	to	did you receive	g:		EMERGENCY NOTIFICATION - In case of emergency notify:
RANK	ither active d	ours of emplo				ent employer.		your highest level Level achieved:		.	gency notify:
TYPE AND DATE OF DISCHARGE	MILITARY SERVICE RECORD List below military service performed on either active duty or on Reserve or National Guard status. If you have never served in the military enter "NONE"	Numbers of hours per week: Hours of employment: From To On what days are you employed?		Telephone:	Date of Hire:		*	School: Level achieved:	(C)	(H)	

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Do you	• ଦୃତ୍	Are yo		DATE	List all Enford regula receiv	DATE		_	Do yo If yes, Type: Licens
swering alarms in agree to be a pro agree to attend r	tting up in the m	u willing to make	LLANEOUS - Answ	LOCATION	summonses servicement Officer, Contions, traffic regulations, traffic regulations or	LOCATION	List <u>all</u> arrests including youthful of otherwise disposed of, and any case " NONE ".	Has any drivers license If yes, explain: When _ Why:	Do you possess a valid N.Y. Stalf yes, complete the following: Type: License Number:
 Answering alarms in all types of weather?	Getting up in the middle of the night to answer alarms? $\ \square$ Yes	Are you willing to make personal sacrifices such as:	MISCELLANEOUS - Answer all questions in space provided.	ORIGINAL CHARGE	List all summonses served upon you or on a vehicle owned by you, by a Law Enforcement Officer, Court or other authority in any state, for violation of parking regulations, traffic regulations, or laws, or any other criminal law. If you have never received a summons or violation, enter "NONE".	ORIGINAL CHARGE	List <u>all</u> arrests including youthful offender treatment arrests which were dismissed, sealed, otherwise disposed of, and any cases pending. If you have never been arrested, enter "NONE".	Has any drivers license issued to you ever been suspended or revoked? If yes, explain: When	te Drivers Li
☐ Yes ☐ No 3 period of 18 months? ☐ ons of the Department? ☐	wer alarms? 🗌 Yes 🔲 No	as:	vided.	FINAL CHARGE	icle owned by you, by an any state, for violation other criminal law. If yor.	FINAL CHARGE	nt arrests which were dispou have never been arres	suspended or revoked?	☐ Yes ☐ No
]Yes □ No	No			DISPOSITION	Law of parking u have never	DISPOSITION	missed, sealed, ted, enter	Yes No	Date Expires:

× DEPARTMENT NAME volunteer or paid? Have you ever been a member of any fire department or company, either **MISCELLANEOUS (Continued)** If yes, state type: Do you have any other certificates? ordered by the Chief or any Officer? Do you agree to attend department, company and all other drills Do you agree to attend Fire School and receive a Fire Fighting I Department insurance when responding to or returning from an alarm? Are you aware that your personal vehicle is not covered by Fire Do you have any First Aid training? Use the space below to complete any section, as necessary. Department. Briefly describe why you wish to become a volunteer member of the Commack Fire Training Certificate within your probationary period? ☐ CPR/AED Training ☐ E.M.T. NAME ☐ Yes ☐ Standard First Aid CITY, STATE & ZIP □ No ☐ EMT-CC ☐ Yes □ Yes If yes, complete the following: DATES OF MEMBERSHIP □ No ☐ EMT-P DEPT Advanced First Aid No If yes, complete the following: ☐ Other REASON FOR LEAVING □Yes ☐ Yes ☐ Yes YEAR □ No □ No □ No

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Signature of Parent or Guardian	l,, hereby give my permission for my son/daughter,, to join and be an active me (print parent or guardian name) (print applicant name) of the Commack Fire Department. I have read and understand the contents of this application completely.	PARENTAL CONSENT If applicant has not reached his/her twenty-first (21) birthday, please have parent or legal guardian complete the following.	rejection before appointment or disqualification after appointment. Signature of Applicant	do hereby depose and say that I am the (print name) above named person and that I have completed the foregoing questionnaire and that I understand the contents. I further state that the answers contained herein are complete and correct in every respect. I also understand that any material misrepresentation of facts may be cause for
Date	hereby give my permission for my to join and be an active member and understand the contents of this	have parent or legal	tment.	do hereby depose and say that I am the defended the foregoing questionnaire and that the answers contained herein are dentation of facts may be cause for

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DECLARATION

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Board Member:				Board of Fire Commissioner's Report:		Investigating Member:				Investigation Committee Report:
Date:						Date:				

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PROCESSING INFORMATION

Name	Date Received	
Street Address	Age	

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9. Dept. Swearing In	8. Dist. Swearing In	7. Medicals Returned	6. Medicals Picked Up	5. Presented to Dist. for	4. Dept Vote	3. Investigated	2. Read At Dept. Meeting	1. Arson Lic. Check
Date	Date	Date	Date	Date	Date	Date	Date	Date Sent
		App.		App.	App.	App.		Date Rec.
		Dis.		Dis.	Dis.	Dis.		
Int.	Int.	Int.	Int	Int.	Int	Int	Int	Int.