

Membership Application



FOR OFFICIAL USE ONLY

| NAME | ADDRESS | COMPANY | BADGE # |
|------|---------|---------|---------|
| | | | |

INSTRUCTION PAGE

1. Applicant **must** make a photocopy of their driver's license and submit it with the application.
2. The answers to questions in this application must be printed in blue or black ink or typewritten by the applicant.
3. 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 questions in this application may result in **AUTOMATIC DISQUALIFICATION** for membership into the Commack Fire Department.
5. A thorough background investigation will be completed by the investigating committee of the Commack Fire Department.
6. An arrest record check will be conducted by the Suffolk County Police Department.
7. The arrest record release form **MUST BE NOTARIZED**.
8. 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

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

NAME: _____

ADDRESS: _____

D.O.B.: _____

S.S. #: _____

DRIVERS LIC NO.: _____

SIGNATURE: _____

NOTARY/WITNESS: _____

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

I. PERSONAL DATA

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Telephone: _____ Home Telephone: _____

E-Mail Address: _____

List below any other name, alias or nickname by which you are or have been known.

Social Security Number: _____

Sex: Male Female Date of Birth: Month _____ Day _____ Year _____

Citizenship: Citizen of U.S.A. Yes No

Marital Status: Single Married Separated Divorced Widowed

If married, name of spouse: _____

II. CONSENT FOR BACKGROUND CHECK

I, _____, do hereby give my expressed permission to
(print name)

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 limited to, verifying criminal history and driving record.

Applicant's Signature

Date

III. RESIDENCE RECORD

Starting with your present address, list each address at which you have resided in the past 10 years.

| FROM | TO | ADDRESS | CITY | STATE |
|------|---------|---------|------|-------|
| | PRESENT | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

VIII. LICENSE RECORD

Do you possess a valid N.Y. State Drivers License? Yes No

If yes, complete the following:

Type: _____

License Number: _____ Date Issued: _____ Date Expires: _____

Has any drivers license issued to you ever been suspended or revoked? Yes No

If yes, explain: When _____

Why: _____

IX. ARREST AND SUMMONS RECORD

List all 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".

| DATE | LOCATION | ORIGINAL CHARGE | FINAL CHARGE | DISPOSITION |
|------|----------|-----------------|--------------|-------------|
| | | | | |
| | | | | |
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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".

| DATE | LOCATION | ORIGINAL CHARGE | FINAL CHARGE | DISPOSITION |
|------|----------|-----------------|--------------|-------------|
| | | | | |
| | | | | |
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X. MISCELLANEOUS - Answer all questions in space provided.

Are you willing to make personal sacrifices such as:

- Getting up in the middle of the night to answer alarms? Yes No
- Answering alarms in all types of weather? Yes No

Do you agree to be a probationary firefighter for a period of 18 months? Yes No

Do you agree to attend meetings and other functions of the Department? Yes No

X. MISCELLANEOUS (Continued)

Have you ever been a member of any fire department or company, either volunteer or paid? Yes No *If yes, complete the following:*

| DEPARTMENT NAME | CITY, STATE & Zip | DATES OF MEMBERSHIP | REASON FOR LEAVING |
|-----------------|-------------------|---------------------|--------------------|
| | | | |
| | | | |
| | | | |

Do you have any other certificates? Yes No *If yes, complete the following:*

| NAME | DEPT | YEAR |
|------|------|------|
| | | |
| | | |
| | | |

Do you have any First Aid training? Yes No

If yes, state type: Standard First Aid Advanced First Aid

CPR/AED Training E.M.T. EMT-CC EMT-P Other _____

Are you aware that your personal vehicle is not covered by Fire Department insurance when responding to or returning from an alarm? Yes No

Do you agree to attend Fire School and receive a Fire Fighting I Training Certificate within your probationary period? Yes No

Do you agree to attend department , company and all other drills ordered by the Chief or any Officer? Yes No

Briefly describe why you wish to become a volunteer member of the Commack Fire Department.

Use the space below to complete any section, as necessary.

XI. DECLARATION

I, _____, 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 rejection before appointment or disqualification after appointment.

Signature of Applicant

Date

XII. PARENTAL CONSENT

If applicant has not reached his/her twenty-first (21) birthday, please have parent or legal guardian complete the following.

I, _____, hereby give my permission for my
(print parent or guardian name)
son/daughter, _____, to join and be an active member
(print applicant name)
of the Commack Fire Department. I have read and understand the contents of this application completely.

Signature of Parent or Guardian

Date

FOR OFFICIAL USE ONLY

Investigation Committee Report:

Investigating Member: _____ Date: _____

Board of Fire Commissioner's Report:

Board Member: _____ Date: _____

PROCESSING INFORMATION

| | | |
|----------------|--|---------------|
| Name | | Date Received |
| Street Address | | Age |

1. Arson Lic. Check Date Sent Date Rec. Int. _____

2. Read At Dept. Meeting Date Int. _____

3. Investigated Date App. Dis. Int. _____

4. Dept. - Vote Date App. Dis. Int. _____

5. Presented to Dist. for Date App. Dis. Int. _____

6. Medicals Picked Up Date Int. _____

7. Medicals Returned Date App. Dis. Int. _____

8. Dist. Swearing In Date Int. _____

9. Dept. Swearing In Date Int. _____

