



Protection Engine Company No. 1 Inc.

1132 Main Street • Fishkill, NY 12524

Application for Membership

Date of Application: _____ for Active or Associate Membership

SECTION I INFORMATION ABOUT THE APPLICANT:

1. Full Name: _____
2. Address: _____
3. Post Office Address (If different from above): _____
4. Home Telephone: (_____) _____ Work Telephone: (_____) _____
5. How long have you resided at the above address? Yrs: ____
6. How long have you resided in New York State? Yrs: ____
7. Are you 18 years of age or older? YES NO If NO, state your age: ____
8. Have you ever served in the United States Armed Forces? YES NO
If YES, did you receive a dishonorable discharge? YES NO If YES, give details in the space provided for additional information. Include service branch and service dates. (Dishonorable discharge is, by itself, not an absolute bar to membership.)
9. Do you have a valid New York State Drivers License? YES NO
10. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? YES NO If YES, give details in the space provided for additional information.

SECTION II EMPLOYER INFORMATION:

11. Are you currently Employed? YES NO
12. May we contact your employer as a reference? YES NO
13. If YES, Name of Company: _____
14. Company Address: _____
15. Company Telephone: (____) _____

SECTION III PREVIOUS EMERGENCY SERVICES EXPERIENCE (Fire, Rescue, Police EMS) :

16. Have you ever had experience as a member of an Emergency Services Organization? YES NO
17. Name of Agency: _____
18. Address: _____
19. Contact Person: _____
20. Telephone: (____) _____
21. Have you ever been dishonorably discharged from an Emergency Services Organization? YES NO
If YES, give details in the space provided for additional information on the third page.

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SECTION IV OSHA PHYSICAL EXAM FOR ACTIVE FIREFIGHTERS: OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. Therefore, you must submit a Medical Doctor's certificate stating that you are medically qualified to be an interior structural firefighter. Subsequent physical examinations and health surveys will be provided by the Fishkill Fire Department.

SECTION V REFERENCES:

22. List three (3) personal references, other than members of this organization, who have known you for at least 3 years.

A. Name: _____ Telephone: (____) _____

Address: _____

B. Name: _____ Telephone: (____) _____

Address: _____

C. Name: _____ Telephone: (____) _____

Address: _____

23. List the names of up to five (5) acquaintances that are members of this organization:

1 _____

2 _____

3 _____

4 _____

5 _____

SECTION VI APPLICANT AVAILABILITY:

24. Check all the appropriate time periods that are applicable to indicate your availability to participate in normally required fire department activities (e.g. meetings, drills, and emergency calls).

A. Week days:

Days _____ Evenings _____ Nights _____

B. Weekends:

Days _____ Evenings _____ Nights _____

SECTION VII NOTICES:

The application fee (\$10.00 for Active Membership, \$25.00 for Associate Membership) must accompany this application for processing. The application fee covers dues for the fiscal year in which the application is made. If the applicant is rejected for membership, the fee is returned. You may submit this application to any member of the Company or send it to the attention of the Secretary, Protection Engine Company No. 1 Inc., 1132 Main Street, Fishkill, NY 12524. You will be contacted by a member of our Membership Committee to review our requirements for membership and explain the benefits of membership to you. Please be sure that ALL responses on this application have been given and are as accurate as possible. The information supplied in this application is subject to verification.

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law. The information obtained will: be used to determine your qualifications for the position for which you are applying; be released to the fire chief and your potential supervisors; and be maintained in your personnel file (if you become a member) or in our resume file for 6 months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership. The information will be maintained by the Secretary of Protection Engine Company No. 1, Inc., 1132 Main Street, Fishkill, NY, 12524. Telephone (845) 896-6613

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SECTION IX Additional Personal Information (Please print):

(Pursuant to Section 837-o of the New York State Executive Law the following information is required for the Fire Chief to conduct a background check of the prospective member for any past history of Arson convictions)

NAME: _____
Last, First, Middle Initial

Maiden Name or Other Names Known By: _____

Date of Birth (DOB): _____ Place of Birth: _____
City State

Current Address: _____

City: _____ State: _____ Zip: _____

Previous Address: (If present address is less than five years) _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Driver's License Number: (List State if different than New York) _____

I hereby certify that ALL statements made by me for application to membership in Protection Engine Company No. 1 , Inc. are true under penalty of perjury.

Applicant Signature: _____ Date: _____