



BALLSTON LAKE FIRE DEPARTMENT
1125 Ballston Lake Road
Ballston Lake, NY 12019

APPLICATION FOR MEMBERSHIP

Date_____

1.

(Last Name) (First Name) (M.I.)

2.

(Address) (Apt/suite No.)

3.

(City, Town, Village) (State) (Zip Code)

4.

Home Phone: _____ Cell: _____ Work: _____

4. How long have you resided at the above address? Years:_____ Months:_____

5. How long have you resided in New York State? Years:_____ Months:_____

6. Are you 18 years of age or older? Yes_____ No_____ If NO, state your age. _____

7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes_____ No_____ If "yes", explain.

8. Are you currently employed? Yes_____ No_____

If "yes" give employer name and information below. May we contact your employer as a reference? Yes_____ No_____

Name of Company_____

Address_____ Phone_____

9. Do you have a valid New York State Drivers License? Yes_____ No_____

10. Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls)

Weekdays: Daytime_____ Evenings_____ Nights_____

Weekends: Daytime _____ Evenings _____ Nights _____

11. Previous emergency services experience: (include only Fire, rescue, police, and emergency medical service agencies)

Name of Agency _____

Address _____

Contact person _____ Phone _____

12. Have you ever been a member of the United States Armed Forces? Yes _____ No _____

If "yes", did you receive a dishonorable discharge? Yes _____ No _____

Dishonorable discharge is not a bar from membership. This and other factors are considered during final membership decisions.

If "yes", give complete detail on the last page. Include service branch and dates.

13. 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 on last sheet.

14. Please list three personal references, **Other than members of this organization**, who have known you for at least 3 years.

A. Name _____ Phone _____

Address _____

B. Name _____ Phone _____

Address _____

C. Name _____ Phone _____

Address _____

15. Please list the names of any acquaintances that are members of this organization:

16. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes _____ No _____