



MEMBERSHIP APPLICATION

HY-VIEW FIRE DEPARTMENT

8 AIRPORT DR DEPEW, NY 14043
 PHONE: (716) 684-2371 FAX: 7166842804
 EMAIL: hyview9@yahoo.com



Organized: October 21, 1959 A 100% volunteer company Incorporated: October 21, 1959

1. Last Name _____ First Name _____ M.I. _____
2. _____ SEX _____ AGE _____ DOB _____
 Maiden Name, Alias or Nickname _____ M or F _____ Date of Birth _____
3. Place of Birth _____ Height _____ Weight _____
 City and State _____ Feet – Inches _____ lbs. _____
4. Social Security Number: _____ Marital Status _____ Number of Dependents _____
(Do not include yourself)
5. Do you have a valid Driver's License? _____ License #: _____ State _____ Class _____
6. Are you a legal resident of the United States of America? Yes _____ No _____
7. Current Address: _____
 Number and Street _____ Apt./Suite No. _____
 Town/Village _____ State _____ Zip Code _____
8. How long have you resided at the above address? Years _____ Months _____
 How long have you resided in New York State? Years _____ Months _____
9. Previous Address: List any previous address within the Town of Cheektowaga and/or any previous address if you have resided at the above address for less than 5 years. Attach additional pages to this application if more than one address must be listed.

 Number and Street _____ Apt./Suite No. _____
 Town/Village _____ State _____ Zip Code _____
10. Telephone: Home: () _____ Work: () _____
 e-mail: _____ Pager: () _____
11. Employer: Company Name: _____
 Address: _____
 Number and Street _____ Apt./Suite No. _____
 Town/Village _____ State _____ Zip Code _____
 Telephone: () _____ Fax: () _____
 May we contact your employer as a reference? Yes _____ No _____
 If Yes, Contact Name: _____ Title: _____
12. Please indicate your availability to participate in normally required Fire Department activities.
(emergency calls, meetings and training)
 Please check all appropriate time periods for which you would normally be available:
 Monday through Friday: Days _____ Evenings _____ Nights _____
 Saturday and Sunday: Days _____ Evenings _____ Nights _____
13. Education: Indicate the highest level of Education completed:
 Grade School _____ High School _____ Some College _____ College Degree _____
 List Highest College Degree Awarded _____

If full-time student list school you are attending

14. Previous Experience: Complete the following only if you have any previous experience with an Emergency Services Provider (include fire, rescue, police and emergency medical services). Attach additional pages to this application if more than one address must be listed.

Name of Agency: _____

Address: _____
Number and Street Apt./Suite No.

_____ Town/Village State Zip Code

Years of Service: _____ Contact Person: _____

15. Training: List any training, education, and/or courses that you have completed that directly relate to emergency services.

16. Military Experience: Have you ever been a member of the United States Armed Forces? Yes _____ No _____
If the answer is "Yes" complete the following.

Service Branch _____ Service Dates _____

Did you receive an honorable discharge? Yes _____ No _____
If you answered "No" give complete details regarding your military discharge below:

17. Background: 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 you answered "Yes" give complete details below:

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

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

List the names of any acquaintances that are members of the Hy-View Fire Department.

18. Physical: All applicant must pass a physical examination for interior structural firefighter prior to membership acceptance. The Hy-View Fire District's designated physician or health care provider must pperform this examination. The Hy-View Fire District will pay the cost of this medical examingation. Do you agree to undergo this medical examination? Yes ___ No ___

19. **Additional Information:** List any additional information about your interests that you feel would be relevant in the consideration of yourself for membership in the Hy-View Fire Department.

APPLICANT'S AUTHORIZATION FOR RELEASE INFORMATION

In order to confirm the information supplied on this application for membership with the Hy-View Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and the military service to disclose their relevant records pertaining to me to the Hy-View Fire Department and/or The Hy-View Fire District whether the information be of public, private, or confidential nature. Thus, I release the aforementioned agencies, companies, services and institutions from any liability and responsibility from disclosing any relevant records.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

_____	_____	_____
Applicant Name (Please Print)	Applicant's Signature	Date

If applicant is under 18 years of age a parent or guardian must sign as a witness

_____	_____	_____	_____
Witness Name (Please Print)	Witness's Signature	Title (Print)	Date

Within the Freedom of information law, all information contained or obtained herein will remain confidential and will be used only for internal membership processing.

In witness whereof, this application has been subscribed this ____ day of _____, 20__ by the undersigned applicant who affirms that the statements made herein are true under penalty of perjury.

_____	_____	_____
Applicant Name (Please Print)	Applicant's Signature	Date

If applicant is under 18 years of age a parent or guardian must sign as a witness

_____	_____	_____	_____
Witness Name (Please Print)	Witness's Signature	Title (Print)	Date

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.

- (1) The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.
- (2) The information obtained will:
 - (a) Be used to determine your qualifications for the position for which you are applying.
 - (b) Be released to the the Fire Chief, President of the Hy-View Fire District, Board of Fire Commissioners of the Hy-View Fire District and you potential supervisor.
 - (c) Be maintained in your personel file permanently if you become a Fire Department Member or for an appropriate period of time (as determaind by the Fire Department Examing board and/or the Hy-View Fire District) if you do not become a Fire Department Member.
- (3) Failure to provide the information or authorization will result in dismissal of your application for membership.

APPLICATION FEE

A \$10.00 fee must accompany this application. Please submit a check or money order only (no cash). Check or money order must be made payable to the Hy-View Fire Department.
This application fee does not apply to applicants under 18 years of age.