



Sennett Fire Department Sennett, New York



3526 Franklin Street Road
Auburn, New York 13021
www.sennettfire.com

Station 1: 3155 Turnpike Road
Station 2: 3526 Franklin Street Road
email: membership@sennettfire.com

Application for Membership

NAME: _____
LAST FIRST M.I.

ADDRESS: _____
CITY STATE ZIP CODE

PHONE: _____
HOME WORK MOBILE

EMAIL: _____

How long have you lived at the above address: _____ years _____ months

Are you 18 years of age or older? Yes ☐ No ☐

Is additional information about a change in your name, use of an assumed name or nickname necessary to enable a check on your eligibility for membership?

Yes ☐ No ☐ If YES, explain: _____

Are you currently employed? If YES, may we contact your employer as a reference?

Yes ☐ No ☐ Yes ☐ No ☐

Name of company: _____

Address: _____

Telephone: _____ Name of Supervisor: _____

Do you have a valid New York State Driver's License: Yes ☐ No ☐

Please indicate your general availability to participate in normally required fire department activities such as meetings, training drills and emergency calls.

Weekdays: Days ☐ Evenings ☐ Nights ☐

Weekends: Days ☐ Evenings ☐ Nights ☐

Do you have previous experience in emergency services? (include only fire, rescue, police, EMS)

Name of organization: _____

Address: _____

Contact person: _____ Phone: _____

(If more space is needed, please identify below.)

Have you ever served in the United States Armed Forces? Yes ☐ No ☐ Branch:

Is YES, were you honorably discharged? Yes ☐ No ☐

Dates: _____

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson or reduction of one of these offenses?

Yes ☐ No ☐ If YES, provide details: _____

Please list three personal references, **other than members of this fire department**, who have known you for at least three years.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Please list any acquaintances that are members of this fire department:

OSHA regulations require that you pass a medical examination prior to participating in fire department fighting activities. This will be provided at no cost. Will you be willing to receive a medical examination?

Yes ☐ No ☐

Within the Freedom of Information Law, all information contained or obtained herein will remain confidential and used only for internal membership process.

Applicant
Signature: _____ Date: _____

IF UNDER 18:
Parent
Signature: _____ Date: _____

ALL APPLICATIONS ARE PENDING SUCCESSFUL CLEARANCE OF MANDATORY BACKGROUND INVESTIGATIONS AS REQUIRED BY NYS EXECUTIVE LAW §837-o

Section 94 of the Public Offenders Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which shall be maintained in a record system is collected from you. The authority to request and confirm this information on 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 maintained in your personnel file (if you become a member) or in our file for six months (if you do not become a member).

Failure to provide the information or authorization may result in your application not being considered for membership.
The information will be securely maintained by the Membership Secretary of the Sennett Fire Department

INTERNAL USE ONLY:											
APPLICATION REC'D		EXEC. MTG.		APPLICATION READ		APPLICATION VOTED		APPLICANT NOTIFIED		APPLICANT TO BOFC	
DATE: BY:		DATE:		DATE: BY:		DATE: ACCEPTED DENIED		DATE: BY:		DATE: BY:	
PRES Y N	VP Y N	SEC Y N	TREAS Y N	MSec Y N	CHIEF Y N	1 A/C Y N	2 A/C Y N	Board of Fire Commissioner Signature:			