

**FIRE DISTRICT No. 1 OF THE TOWN OF EAST GREENBUSH
THE CLINTON HEIGHTS FIRE DEPARTMENT
P.O. BOX 332
RENSSELAER, NEW YORK 12144**

Thank you for your interest in becoming a member of the Clinton Heights Fire Dept. You will first join one of our two fire companies (Bruen Hose Co. – Station 1 or the Community Hose Co. – Station 2). The Clinton Heights Fire Dept. governs actual firematic functions. The companies run the fire stations.

To join the fire department, you will need to:

1. Join one of the fire companies.
2. Be investigated by the by the NYS Dept. of Criminal Justice for criminal records regarding arson.
3. Be approved by the Board of Fire Commissioners.
4. Pass a physical examination conducted by the Fire Dept. Physician. Be on probation for at least 1 year, during which time you will be evaluated every 3 months by the line officers.
5. At the end of the probationary period, your name will be sent to the Board of Fire Commissioners for final approval.

APPLICATION FOR MEMBERSHIP

_____ Station 1

_____ Station 2

1. DATE: _____

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

3. _____
(St.) (City, Town, Village) (Apt.)

4. Phone: () _____ () _____ () _____
(Home) (Work) (Cell)

5. E-mail, if available: _____

6. SS#: _____ this number is kept in the strictest of confidence.
It is needed as NYS fire training records are maintained using this number.

7. Emergency contacts:

A. _____
(Name) (Phone) (Relationship)

B. _____
(Name) (Phone) (Relationship)

C. _____
(Name) (Phone) (Relationship)

DISTRICT OFFICER USE

Today's date _____

Arson check completed Y N

Date of acceptance _____ or date of denial _____

Parental consent completed (if necessary) Y N

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

9. Are you 18 years of age or older? Yes _____ No _____ If no, state your age _____
If under the age of 18, you will need approval of a parent or guardian to join.

10. Do you have any previous emergency services experience?

Name of Agency: _____

Address: _____

Contact Person: _____ Phone: _____

11. Federal Occupational Safety and Health Administration (OSHA) regulations require that you pass a physical examination before becoming a firefighter. The department's designated physician will provide you with a free medical examination. No medical information will be disclosed to the fire district. The only report that we receive is a "pass" or "fail" notice. Will you be willing to undergo a medical examination? (***A "no" answer will disqualify you from active membership.***)

Yes _____ No _____

Print name of applicant: _____

Applicant signature: _____

Print name of parent if applicant
is under 18 years of age: _____

Signature of parent if applicant
Is under 18 years of age: _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you will 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 on you is found in Article 6 of the Public Officers Law.

This information will:

- Be used to determine your qualifications for the position for which you are applying (firefighter)
- Be released to the fire chief and your potential superiors
- Be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you do not become a fire company member)

Failure to provide the information or authorization will result in your application not being considered for membership.

This information will be maintained by the fire chief of the Clinton Heights Fire Department at the fire department office.

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 _____, _____ by the undersigned applicant who affirms that the statements made are true under the penalties of perjury.

Print name of applicant: _____

Applicant signature: _____ Date: _____

Print name of parent or guardian
if applicant is under 18 years of age: _____

Signature of parent or guardian
if applicant is under 18 years of age: _____ Date: _____

Applicant, please retain this sheet to facilitate the application process.

1. Attend the next fire company meeting on _____
at the appropriate fire station, at _____ PM.
2. Attend the next Board of Fire Commissioner's meeting at the Fire District's office
located at 11 Hampton Avenue at 7 PM on _____.
3. Contact the fire dept. physician to make an appointment for your physical. Be sure to
tell the office this is for an OSHA physical for the Clinton Heights Fire Dept. This is
Dr. James Leyhane, 77 Miller Road, Castleton, NY 12033. Phone Number 477-2167

For any questions please contact your station Chief or Captain at: _____