

HALFMOON FIRE COMPANY

315 Middletown Road
Waterford, NY 12188
(518) 371-9854

APPLICATION FOR MEMBERSHIP

Date: ___/___/___

Active Member:

Social Member:

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

(Address) (Apt./Suite No.) (City / Zip Code)

Telephone: () _____ () _____ () _____
(Home) (Work) (Mobile)

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

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

Are you 18 years of age or older? Yes ___ No ___ If NO, state your age. _____

Are you currently employed? Yes ___ No ___

If "Yes" give employer information below. May we contact your employer as a reference? _____

Name of Company _____

Address _____ Phone () _____

Do you have a valid New York State Drivers License? Yes ___ No ___

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

Please check appropriate time periods.

Week Days: Days ___ Evenings ___ Nights ___

Week Ends: Days ___ Evenings ___ Nights ___

Previous emergency services experience: (include only fire, rescue, police, and EMS)

Name of Agency _____

Address _____
(Address) (Apt./Suite No.) (City / Zip Code)

Contact Person _____ Phone () _____

If more space is needed, please identify on attached sheet

Have you ever been a member of the United States Armed Forces? Yes ___ No ___

If the answer is "Yes", did you receive a dishonorable discharge? Yes ___ No ___

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.

If the above answer is "Yes", give complete details in the space provided for additional information on separate sheet. (include service branch and service dates).

Have you ever been convicted of 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 separate sheet.

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: _____

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

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 ___

ADDITIONAL INFORMATION

Company President

Secretary

Date of Company meeting; _____

Board of Commissioners;

Date of Commissioners meeting; _____

Chairman _____

