



NISKAYUNA FIRE COMPANY, INC.

District Two

**2772 Troy Road
Schenectady, New York 12306**

www.nfd2.com

518-785-6033

Application for MEMBERSHIP

Name: _____ SS# _____
Last First Middle

Address: _____

Telephone: _____ Birth Date: ____/____/____ Driver License#: _____

Cell Phone: _____ E-Mail _____

What is your interest in NFD #2? Firematic ___ EMS ___ Fire Police ___

Previous Experience: (firematic, rescue or first aid) _____

Occupation: _____ Employer: _____

Please list three (3) personal references

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Telephone: _____	Telephone: _____	Telephone: _____

Have you ever driven heavy trucks? Yes ___ No ___

Have you ever been a member of the US Armed Services? Yes ___ No ___

If yes, branch of service _____

Have you ever been convicted of a crime other than traffic violations? Yes ___ No ___

I understand that if offered a position, I must complete a physical examination prescribed by the District physician, in accordance with District policy.

I hereby certify that the above information is true and complete, without purpose of evasion or falsification. I understand that if any information is later found to be false, it will be cause for rejection or invalidation of this application.

Furthermore, if accepted, I agree to conduct myself according to the By-Laws of the constitution of this fire company and fully understand that failure to conduct myself accordingly will be just cause for disciplinary action.

Signature: _____ Date: ____/____/____