



NISKAYUNA FIRE COMPANY, INC.

DISTRICT TWO

2772 TROY-SCHENECTADY ROAD
NISKAYUNA, NEW YORK 12309

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
Last First MI

ADDRESS: _____
Street Address Apt/Suite
City State Zip Code

E-MAIL: _____ PHONE: _____

DRIVER'S LICENSE: ☐ NYS ☐ OTHER: _____ ID NUMBER: _____

DATE OF BIRTH: _____

POSITION DESIRED: ☐ FIREFIGHTER ☐ EMERGENCY MEDICAL TECHNICIAN ☐ FIRE POLICE
☐ JUNIOR FIREFIGHTER (AGE 16 - 18)

EXPERIENCE

HAVE YOU EVER SERVED IN ANOTHER FIRE DEPARTMENT OR AMBULANCE SERVICE? ☐ NO ☐ YES: _____
DEPARTMENT NAME, LOCATION, AND DATES OF SERVICE

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS? ☐ NO ☐ YES: _____
IF YES, PLEASE EXPLAIN

CURRENT CERTIFICATIONS? ☐ FFI: _____ ☐ NYS EMT: _____
CERT ISSUE DATE EMT # AND EXP DATE

EMPLOYER: _____ JOB TITLE: _____
Company / Individual

ARE YOU A VETERAN? ☐ NO ☐ YES: _____
BRANCH, DATES OF SERVICE, AND TYPE OF DISCHARGE

TO BE COMPLETED BY FIRE COMPANY					
	Application Received	Arson Check	Company Vote	BOC Approval	Date of Service
Date/Time					



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REFERENCES

(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

E-MAIL: _____ **PHONE:** _____

DISCLAIMER

I understand that if offered membership, I must complete a physical examination as prescribed by the District Physician, in accordance with District Policy.

I understand that a criminal history check for previous arson convictions will be conducted pursuant to New York State Law and if any convictions are reported it will be cause for immediate rejection of this application.

I hereby certify that the above information is true and complete, without purpose of evasion or falsification. I understand that if any information provided is found to be false it will be cause for rejection, invalidation or grounds for immediate removal from membership.

Furthermore, if accepted, I agree to conduct myself according to the Constitution and by-laws of this Company and fully understand that failure to conduct myself accordingly will be just cause for disciplinary action.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

LEGAL GUARDIAN* _____ **DATE*** _____

PRINT NAME* _____ * JUNIOR FIREFIGHTER ONLY

- PLEASE COMPLETE BOXES 1-10 ON PAGE 3 AND RETURN WITH APPLICATION -



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME: **NISKAYUNA FIRE DISTRICT #2**

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS: **2772 TROY-SCHENECTADY ROAD**
NISKAYUNA, NY 12309

TELEPHONE NUMBER: **518-785-6033**

FAX NUMBER: **518-785-6528**

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M F

☐ ☐

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

☐ ☐ ☐ ☐ ☐ ☐

6. ETHNICITY

Hispanic Not Hispanic Unknown

☐ ☐ ☐

7. HEIGHT

Ft. In.

8. DATE OF BIRTH

Month Day Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

☐ NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION

☐ CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER