



# **NEW YORK MILLS FIRE DEPARTMENT**

1 Maple Street  
NEW YORK MILLS, NEW YORK 13417-1225



Dear Applicant:

The Officers and members of the New York Mills Fire Department welcome your application. It will be reviewed and investigated by the Officers of the New York Mills Fire Department. This is a critical portion of the selection process, please answer all questions completely. If additional space is necessary use the back side of the section you are completing. The information requested shall be used solely and exclusively to assess your character and fitness for membership.

After you have completed this application, forward it in person or mail it along with a \$2.50 processing fee to;

New York Mills Fire Department  
Membership Committee  
1 Maple St.  
New York Mills, NY 13417

You will be notified by mail regarding the status of your application. You will be required to have a complete physical and meet with the Chief or his designated Officer, to receive some basic instructions regarding department policy before actively participating in any of our training or emergency response calls.

You will be required to serve as a probationary firefighter for one year, after which your record will be reviewed by the Officers. A recommendation will then be made to the members regarding you being accepted for membership. The recommendation will then be voted on. You will be notified of the outcome of the vote.

If you have any questions feel free to call the Chief or President at 736-1453.

**SECTION A**  
**Personal Data**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone- Home: \_\_\_\_\_ Work: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Are you a citizen of the United States? Yes No If no, give details;

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Past Residences: List all places you have resided at for the past five (5) years.

Dates	Address
-------	---------

_____	_____
_____	_____
_____	_____

**SECTION B**  
**Convictions and Judicial Proceedings**

Other than traffic violations, have you ever been arrested, charged or convicted of any violation of Law in any jurisdiction? (including juvenile delinquency, youthful offender, or adjudication.)

No Yes If yes, list below

Date	Charge	Police Agency	Disposition
------	--------	---------------	-------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all vehicles which are currently registered to you in New York: (included motorcycles, mopeds, etc.)

Plate #	Make	Type	Color	Registration Expiration
---------	------	------	-------	-------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all traffic tickets, citations, summonses, which you have ever received as an adult or juvenile. Begin with most recent. (if you cannot remember exact dates or locations, give approximate information)

Year - Charge - City - State - Disposition

---

---

---

### SECTION C Employment - Experience - Education

Beginning with your most recent employer, list all places of employment. List periods of school and military experience. Any degrees or diplomas received. Please keep in proper sequence, include a brief description of your duties and responsibilities for each job.

---

---

---

---

---

Are you fluent in any foreign languages? Give details:

---

### Driving History

List all driver's or chauffeur licenses you now hold or have previously held in New York or any other state:

Class/type of license - License number - Expiration date

---

---

---

Have any of the above licenses ever been suspended or revoked:

No Yes If yes, give details

---

---

Do you now have, or have you ever had, any physical or emotional disorder, or psychiatric condition which has impaired your ability to function in any employment?

No Yes If yes, give details:

---

---

Do you use, or have you ever used, tried, or experimented with any narcotic, controlled substance, or other drug without a doctor's prescription? (including: marijuana, cocaine, LSD, hashish, peyote, heroin, opium, PCP, or any others)

No Yes If yes, give details:

---

---

Do you now, or have you ever been addicted to the use of alcoholic beverages or been diagnosed as an alcoholic or been referred to and/or received treatment for alcoholism?

No Yes If yes, give details:

---

---

## REFERENCES

Personal References - list four (4) persons who have known you for the past three years or more, (not relatives), past employers, or supervisors who are responsible adults, and who may attest to your character and integrity.

Name - Phone - Address - City - State - Zip

---

---

---

---

Firefighter sponsoring applicant: \_\_\_\_\_

If it is determined that you falsified any information in order to gain an appointment as a New York Mills Firefighter, your membership will be terminated.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorization and release will be considered in determining my suitability for membership by the New York Mills Fire Department.

I, \_\_\_\_\_, am the person whom the foregoing application concerns. I have completed the application in my own hand and the answers I have given to each and every question therein are full, complete, true and correct, to the best of my knowledge. I have applied for membership with the New York Mills Fire Department. I am aware that my entire background may be thoroughly investigated. I hereby authorize and request the release of any information you have concerning me.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

---

### FOR DEPARTMENT USE ONLY

APPLICATION RECEIVED ON: \_\_\_\_\_ BY: \_\_\_\_\_ Secretary

APPLICATION FEE RECEIVED BY: \_\_\_\_\_

REVIEWED BY OFFICERS ON: \_\_\_\_\_

PROBATIONARY STATUS STARTED: \_\_\_\_\_

6 MONTH REVIEW DUE: \_\_\_\_\_ 1 YEAR REVIEW DUE \_\_\_\_\_

BECAME ACTIVE FIREFIGHTER ON: \_\_\_\_\_

Ineligible to become member. Reason \_\_\_\_\_

---

**\*\*This application form was reviewed and accepted by the New York Mills Fire Department 1/94 and revised for a new address and computer compatibility 3/2006.**