

FLORAL PARK FIRE DEPARTMENT

Membership Application

Name _____ Home Phone 516- _____ - _____

Cell Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ E-Mail _____

Address _____ SS# _____ - _____ - _____

Age _____ D.O.B. ____ / ____ / ____ Citizen _____ Married _____ Spouse's Name _____

Blood Type _____ Blood Donor Y__ N__ Height _____ Weight _____

Eye Color _____ Hair Color _____ Allergies _____

Employer _____ Address _____

Length of Employment _____ *Email* _____

Previous Employment _____

Address _____

In case of EMERGENCY, notify _____ Phone 516- _____ - _____

Address _____

Education _____

Military Service _____ Previous Fire Dept. _____

Any previous Medical training? _____ CPR Certification? _____ A/EMT? _____

Licensed Driver? _____ Class _____ License # _____

Has your license ever been revoked? _____ Suspended? _____

Have you ever been convicted of a crime? _____ If so, (date, place, nature) _____

Organizations you belong to? _____

Character references (not relatives: may be Department members)

Name: _____ Address: _____ Phone: _____

Sponsored by: (Department Members)

I authorize the investigation of all statements contained in this application and I understand and agree that the misrepresentation or omission of facts called for is cause for rejection of this application and is misconduct or gross negligence that would justify future Department action to suspend or remove me from the Department. I further agree to a probationary period of one (1) year.

Applicants Signature

Date

Prospective member will need to have fingerprints taken and any fees incurred will be reimbursed by the Village of Floral Park

Investigation Committee Interview: _____

Acknowledging requirements explained

1. Training – In-house probationary training school.
2. Probation Period
3. Service Award
4. Exempt Association

Investigating Committee Signatures:

Date: _____

Company Approval: YES OR NO (Please circle one)