

*East Williston Fire
Department
Membership Application*



EST. 1889

www.EWFD.org

APPLICATION FOR MEMBERSHIP

A - PERSONAL INFORMATION:

Date: ____ / ____ /20 ____

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Telephone: (CELL) ____ - ____ - ____ (HOME) ____ - ____ - ____

E-mail: _____

Are You a U.S. Citizen? YES NO SSN: ____ - ____ - ____

NYS License ID: _____

Emergency Contact: _____

Relationship: _____ Telephone: ____ - ____ - ____

Address: _____

B - PRE-HOSPITAL TRAINING:

Check your current level of training if any:

NONE CPR CFR EMT-B EMT-CC EMT-P

State of Certification: _____

Certification Number: _____

Expiration Date: ____/____/____

C - EDUCATION:

Are you currently attending school? YES NO

High School: _____ Year Graduated: _____

College: _____ Year Graduated: _____

Course of Study: _____ Degree Earned: _____

Graduate School: _____ Year Graduated: _____

Course of Study: _____ Degree Earned: _____

List Other Schools Attended:

School Name	Diploma/Degree/Certification	Course of Study
_____	_____	_____
_____	_____	_____
_____	_____	_____

D - EMPLOYMENT:

Are you currently employed? YES NO

If yes, please complete the following, if no continue to **D1**:

Name of Current Employer: _____

Address: _____ Telephone: _____-_____-_____

Type of Work: _____ Position Title: _____

List All Duties: _____ Employed Since: _____

D1 – EMPLOYMENT

List your employment history for the last five years:

Employer	Address	Telephone	Title	Reason for Leaving

E - BACKGROUND INFORMATION

Have you ever been a member of a volunteer agency (FD, VAC, ETC.)? YES NO

Name of Department: _____ Years of Service: _____

Reason for Leaving: _____

Have you ever served in the Armed Forces of the US? YES NO

If yes, discharge status: _____

Do you have any health condition which would affect your duties as a member? YES NO

If you answer yes to any of the following questions, please attach a brief explanation:

Have you ever been convicted of a felony and/or misdemeanor? YES NO

Are there any violations noted on your current driver's license? YES NO

Have you ever been convicted while driving under the influence? YES NO

Have you ever been convicted of driving while intoxicated? YES NO

F - REFERENCES

Please list three (3) references that you have known for at least three (3) years. Please list full names and relationship to said reference, along with a valid and current address and phone number. The **East Williston Fire Department** reserves the right to contact these people during the membership investigation process.

Name: _____ Telephone: _____-_____-_____
Address: _____ Relationship: _____

Name: _____ Telephone: _____-_____-_____
Address: _____ Relationship: _____

Name: _____ Telephone: _____-_____-_____
Address: _____ Relationship: _____

In accordance with the Federal Privacy Act of 1975, applicants are required to be shown references when requested. I hereby understand that it is my right and privilege to be shown my references.

I hereby **(Waive)** **(Do Not Waive)** my right to review my references.

Signature: _____

Printed Name: _____

Date: ____/____/____

In submitting my application to the **East Williston Fire Department** I understand that the **East Williston Fire Department**, its officers, members and/or agents will be conducting a background check and character investigation as to my suitability as a member. I give my complete authorization to the **East Williston Fire Department**, its officers, members, and/or agents to conduct this background check. I understand that this background check will include verification of employment history, past/present membership in any volunteer organization and character references. This authorization will remain in effect until cancelled, in writing, by me. Furthermore, I attest that the answered supplied on this application are true and that false statements may be the basis for dismissal from the **East Williston Fire Department**.

Signature: _____

Printed Name: _____

Date: ____ / ____ / ____



**PLEASE RETURN WITH YOUR
MEMBERSHIP APPLICATION
CONSENT OF BACKGROUND CHECK
& RELEASE OF INFORMATION
(TYPE OR PRINT CLEARLY)**

I, _____ hereby authorize the Nassau County Fire Marshal's Office and / or the Nassau County Police Department to perform an arrest records check of me. I further authorize the release of this information directly to the East Williston Fire Department, to which I have made application.

In addition, I also agree to hold harmless the County of Nassau, its departments and agents, as well as the East Williston Fire Department, to which I have made application, and its agents, for any situation or liability arising out of the discovery and release of these records.

SIGNATURE _____ DATE _____

ADDRESS _____

DATE OF BIRTH _____ S.S.N. _____

(STATE OF NEW YORK)

(COUNTY OF NASSAU) SS:

On this _____ day of _____, 20____ before me personally came _____ to me known to be the individual described in, and who executed the foregoing instrument, and acknowledged that they executed the same.

Notary Public