



# PAINTED POST FIRE DEPARTMENT

WEST HIGH AT STEUBEN STEET  
PAINTED POST, NEW YORK 14870

## Application for Membership

*Applicants are considered for all positions without regard to race, color, national origin, religion, sex, age, marital or veteran status or non-job related medical, mental or physical handicaps.*

(PLEASE PRINT)

Date of Application:

Date of Interview:

Applicants Name:

Last Name:  First Name:  M.I.

Present Address:  How Long

Social Security #  Date of Birth:

Home Phone:  Work Phone:  Cell Phone:

EDUCATION

School	Name and Location	Degree	Major
High			
College			
Graduate			
Other			

Driver License #  State  Expiration Date

Have you ever been convicted of a crime?  Yes  No

EMPLOYMENT

Current Employer:  Employer's Address:

Employer's Telephone #  Length of time with current employer:

Description of job responsibilities:

**FIRE FIGHTER EXPERIENCE**

Name Of Department	Address / Phone #	Length of Time at Department

**FIRE SERVICE CERTIFICATES / ACCOMPLISHMENTS**

Course Description / Accomplishments	Date Course Completed

**SPECIAL SKILLS OR QUALIFICATIONS**  
i.e. First Aid / CPR Certification

Skill / Qualification / Certificate	Date Completed

**REFERENCES**

Please give three personal character references other than relatives or former employers

Name	Address	Telephone #	Occupation	Years Known

**NOTE:** A complete physical examination is required and must be returned to the Chief before active membership starts. The cost of the examination will be covered if the applicant uses a participating physician as approved by Steuben County

**I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I know and consent to a background informational search for any of the items listed in or associated with this application. If membership is approved I will obey the By-Laws and Standard Operating Guidelines of the Fire Department.**

Date:

Signed By \_\_\_\_\_



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## CONSENT FOR REALEASE OF INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Law Enforcement Agencies and Criminal Data Archives

Extent or Nature of Information to be Disclosed:

\*\*\*\*\* All Information on File \*\*\*\*\*

Purpose or Need for this Information:

\*\*Membership in the Painted Post Fire Department, Painted Post, N.Y.

I hereby authorize the Release of the above Information from my records, if applicable, at all contacted agencies. I understand that the Information to be released is confidential and protected from disclosure. I also understand that this Information is subject to the guidelines established by the Steuben County Attorney's Office per the Freedom of Information Act.

Person Completing Form (Print)

\_\_\_\_\_ Date Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Identification Submitted: \_\_\_\_\_

Signature Driver's License: \_\_\_\_\_

- The above named individual has no inmate record at our facility.
- The above named individual has no record with our Department/Office
- The criminal record concerning the above named individual via our Department or Office is attached.
- Other (Explain

Person Releasing the Information: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title: \_\_\_\_\_