

**THE ARMONK FIRE DEPARTMENT
THE ARMONK FIRE COMPANY
400 BEDFORD ROAD
ARMONK, NEW YORK 10504**

APPLICATION FOR MEMBERSHIP
FEE - \$15, (Returnable if probation not completed) PAID []

Date: _____

Name: _____ **Sex:** ____
 Last **First** **Middle**

Current Address: _____
 Number and Street **Town** **State** **Zip**

Social Security #: _____ **Date of Birth:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **E-Mail:** _____

Have you ever pled "guilty" or "no contest" to, or been convicted of, a crime? (Felony or Misdemeanor) **Yes:** ____ **No:** ____
If yes provide dates and details:

Have you ever been convicted of a motor vehicle violation? **Yes:** ____ **No:** ____
If yes provide dates and details:

Driver's License Number, State, and Class: _____

Employment History

Please provide the following information for your past ten years of employment or volunteer activities, starting with the most recent. Any gaps in employment should be explained in the "additional information" section below.

	Employer	Address	Phone	Dates	Job Title
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

Applicant Statement

I certify that all information I have provided above is true, complete and accurate. I understand that any information provided by me that is found at any time now or in the future to be false, incomplete or misrepresented in any respect will be grounds for immediate expulsion from the Armonk Fire Department and the Armonk Fire Company, whenever such falsehood, omission or misrepresentation is discovered.

I authorize without reservation that the Department and the Company, its officers, members, or agents may contact and obtain information from all references, business, and personal, employers, public agencies, licensing authorities and educational institutions, and to verify the accuracy of the information provided by me herein.

Furthermore, I hereby expressly waive all rights and claims that I might have regarding the Department, the Company, its officers, members, or agents for seeking, gathering and using such information in this application for the membership process, and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Department and the Company do not unlawfully discriminate, and that no question on this application will be used to exclude the applicant from membership on a basis prohibited by applicable federal, state, or local law.

I also understand that if I am accepted into membership that I will be required to provide proof of identity and legal authority to work in the United States and that I will supply or complete an I-9 form.

DO NOT SIGN WITHOUT READING THE ABOVE DECLARATION.

I certify that I have read, fully comprehend and accept without reservation all the terms of the above application statement.

Signature of Applicant: _____

Date: _____

Witness (By a member): _____

APPROVALS

INVESTIGATING COMMITTEE

DATE: _____

BOARD OF FIRE COMMISSIONERS

DATE: _____

PHYSICAL EXAMINATION

PHYSICIAN: _____

DATE APPROVED: _____

North Castle Fire District # 2
Armonk Fire Department
Requirements for Probationary Period

You will be on probation for a period of up to 18 months, after this period you will be either accepted or rejected depending on how you complete the probationary requirements. Your probation may be completed in less than 18 months, upon completion of your Fire Training and CPR courses and or the EMT course. Additional time may be granted if the courses are not available.

Active Firefighters

1. You must pass the Firefighter 1 training course and CPR.
2. You must attend every Fire Company Meeting (unless training courses are scheduled on that date).
3. You must participate in every drill held by the Department (unless training courses are scheduled on that date).
4. You must attend twelve (12) clean ups, which are held on Monday nights starting at 7:00 PM.
5. You must familiarize yourself with all the equipment carried on the apparatus.
6. You must learn how to use the Scott Air packs (SCBA).
7. After completion of your required courses an officer will go over the equipment with you to see that you have complied with numbers 5 and 6 above.
8. You must make as many Fire and Ambulance calls as possible.
9. You are subject to fines of the Fire Company.
10. Every attempt should be made to attend all meetings, drills, or clean ups during your probationary period. Other than scheduled training courses, any absence must be cleared through one of the Chiefs.

After you have completed the above requirements you will be off probation, and a non- probationary active member of the Fire Company.

Active Ambulance members, EMTs

Ambulance members must successfully complete all of the above with the following exceptions:

1. #1 successfully complete EMT course.
2. #5 You must familiarize yourself with all the equipment carried on the ambulances.
3. #8 You must make as many Ambulance calls as possible.

ARMONK FIRE COMPANY
P.O.BOX 116
ARMONK, NY. 10504
OFFICE OF THE CHIEF
TEL 914-273-3357 FAX 914-273-3178

To whom it may concern:

I, _____ do hereby authorize disclosure of all records concerning myself to the Armonk Fire Department from the North Castle Police Department, whether the said records are public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of all information obtained by the North Castle Police Department.

Date of birth _____

Social Security Number _____

Home address: _____

Applicant Signature

Appearing on this _____
Day of _____, _____
Year

Notary Public

North Castle Police Department Use Only

A search of our records in this office shows that there is no warrant or criminal process outstanding, in this town, against the above named individual or has there been for the period of time the subject has resided in the community. There is no criminal record on file of the above individual during the said time, nor has this department any record of said person, having been arrested for any antagonism against the form of government of the United States of America.

Our records indicate that a criminal record exists. Copy attached

Authorized Signature

Name

Date