

SPRINGS FIRE DEPARTMENT  
179 FORT POND BLVD  
EAST HAMPTON, NY 11937  
**APPLICATION PROCESS**

I, the undersigned, \_\_\_\_\_, hereby agree to provide the following requested documentation to the Springs Fire Department:

1. One (1) fully completed and Application For Membership
2. Two (2) properly prepared Character Reference Statements
3. One (1) fully completed and Authorization For Release of Information
4. One (1) copy of my New York State Drivers License

I am also aware of and agree to the following:

1. An inquiry will be made of my present employer.
2. An inquiry may be made of my neighbors, friends, family members and organizations to which I may have belonged or of which I now belong.
3. A criminal back ground check will be made of me.
4. I will be required to undergo a medical physical by the Fire Department physician.

**SPRINGS FIRE DEPARTMENT**  
179 FORT POND BLVD  
EAST HAMPTON, NY 11937  
**APPLICATION FOR MEMBERSHIP**

**INSTRUCTIONS:** Failure to return this application properly completed may result in the removal of your name as a candidate for membership in the Springs Fire Department. Read every question carefully. Candidates must answer every question - leave no blank spaces. A candidate may be rejected who has intentionally made a false statement of any material fact, or practiced, or attempted to practice, any deception or fraud in his/her application, in his/her examination, or in securing his/her eligibility or appointment.

All entries, except the signature, must be printed legibly in block letters. Entries must be made in black ink. If additional space is required, use the back of each page and indicate where added information is from by question number.

---

1. **NAME:** \_\_\_\_\_  
  LAST  FIRST  MIDDLE

**ADDRESS:** \_\_\_\_\_  
                        P O BOX                                STREET NUMBER                                STREET NAME  
\_\_\_\_\_  
                        TOWN  STATE  ZIP CODE

**HOME TELEPHONE NUMBER:** (     ) \_\_\_\_\_

**BUSINESS TELEPHONE NUMBER:** (     ) \_\_\_\_\_

2. PROVIDE ANY OTHER NAMES THAT YOU HAVE USED OR HAVE BEEN KNOWN BY AND ATTACH A STATEMENT GIVING REASON. (IF NONE, STATE SO)

---

3. MARITAL STATUS:

\_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED

NEXT OF KIN:      NAME \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

4. WHERE WERE YOU BORN? \_\_\_\_\_  
RESIDENCE AT TIME OF BIRTH

\_\_\_\_\_

CITY OR TOWN	COUNTY	STATE	COUNTRY
--------------	--------	-------	---------

BLOOD TYPE: \_\_\_\_\_

5. DATE OF BIRTH: \_\_\_\_\_  
MONTH                      DAY                      YEAR

SOCIAL SECURITY NUMBER: \_\_\_\_\_

LAST YEAR OF SCHOOL COMPLETED: \_\_\_\_\_

6. ARE YOU NATIVE BORN OR A NATURALIZED CITIZEN?

(INDICATE WHICH) \_\_\_\_\_  
IF NATURALIZED, INDICATE DETAILS ON THE BACK OF PAGE 2.

PLEASE PROVIDE PROOF OF US CITIZENSHIP EITHER PASSPORT OR  
NATURALIZATION PAPERS

7. INDICATE ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST  
TEN YEARS BEGINNING WITH THE MOST RECENT:

STREET ADDRESS	CITY	STATE	ZIP CODE	LENGTH OF TIME

8. WHAT IS YOUR CURRENT OCCUPATION? \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

MAILING ADDRESS OF EMPLOYER: \_\_\_\_\_  
PO BOX NUMBER OR STREET NUMBER

\_\_\_\_\_

TOWN	STATE	ZIP CODE
------	-------	----------

EMPLOYERS TELEPHONE NUMBER: (    ) \_\_\_\_\_

SUPERVISORS OR OWNERS NAME: \_\_\_\_\_

9. HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE DEPARTMENT OR EMERGENCY SERVICE ORGANIZATION?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, INDICATE THE NAME OF THE FIRE DEPARTMENT OR EMERGENCY SERVICE ORGANIZATION AND THE MAILING ADDRESS OF SUCH ENTITY ON THE BACK OF PAGE 3.

10. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY COMMUNITY SERVICE ORGANIZATION OTHER THAN THOSE LISTED IN QUESTION # 9?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, INDICATE THE NAME OF THE ORGANIZATION AND THE MAILING ADDRESS OF SUCH ORGANIZATION ON THE BACK OF PAGE 3.

11. WERE YOU EVER ARRESTED OR TAKEN INTO CUSTODY?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MANY TIMES?

INDICATE BELOW ALL ARRESTS:

DATE	VIOLATION ACTUAL CHARGE	LOCATION	CHARGE REDUCED TO	COURT DISPOSITION OR SENTENCE	POLICE AGENCY CONCERNED

12. WERE YOU EVER SERVED WITH A SUMMONS FOR ANY TRAFFIC VIOLATIONS? (INCLUDE SUMMONS FOR ANY OTHER CRIMINAL ACTION, ECT., IN THIS STATE OR ELSEWHERE)

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MANY TIMES? \_\_\_\_\_

INDICATE BELOW EVERY SUMMONS, SUBPOENA OR WARRANT RECEIVED IN OTHER THAN A CIVIL ACTION:

DATE	OFFENSE	LOCATION	COURT DISPOSITION	YOUR AGE	POLICE AGENCY CONCERNED

13. DO YOU HAVE A NYS DRIVERS LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED?

YES \_\_\_\_\_ NO \_\_\_\_\_

NEW YORK STATE DRIVERS LICENSE NUMBER:

\_\_\_\_\_

14. ARE YOU A VETERAN? YES \_\_\_\_\_ NO \_\_\_\_\_

15. DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITY WHICH WOULD PREVENT YOU FROM PERFORMING THE DUTIES OF A MEMBER OF THE SPRINGS FIRE DEPARTMENT?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, DETAIL THE DISABILITY ON THE BACK OF PAGE 5

16. ARE YOU AVAILABLE TO RESPOND TO CALLS AND/OR ATTEND TRAINING DURING:  
THE FOLLOWING HOURS: \_\_\_\_\_

17. REASON FOR APPLYING TO THE SPRINGS FIRE DEPARTMENT: \_\_\_\_\_

\_\_\_\_\_

18. DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY CALLED FOR IN THE PREDEEDING QUESTIONS, WHICH IS OR WHICH MAY BE RELEVANT, DIRECTLY OR INDIRECTLY, IN CONNECTION WITH AN INVESTIGATION OR YOU ELEGIBILITY OR FITNESS FOR A POSITION IN THE SPRINGS FIRE DEPARTMENT INCLUDING, BUT NOT LIMITED TO KNOWLEDGE OR INFORMATION CONCERNING YOUR CHARACTER, PHYSICAL, OR MENTAL CONDITION, CRIMINAL RECORD, TRAFFIC VIOLATIONS, RESIDENCE OR OTHERWISE?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, GIVE DETAILS ON THE BACK OF PAGE 5

PROPOSED BY THE FOLLOWING MEMBERS OF THE SPRINGS FIRE DEPARTMENT:

\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW YORK  
COUNTY OF SUFFOLK

I, \_\_\_\_\_ BEING DULY SWORN, DEPOSE AND SAY THAT I AM THE ABOVE NAMED PERSON. I PERSONNALLY READ AND PRINTED BY HAND ANSWERS TO EACH AND EVERY QUESTION THEREIN AND I DO SOLEMNLY SWEAR THAT EACH AND EVERY ANSWER IS FULL, TRUE AND CORRECT IN EVERY RESPECT.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

6

FOR OFFICE USE ONLY

Received:

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

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

First Reading:

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

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

Interview:

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

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

Second Reading and Vote:

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

Signature: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Copy of Application Sent to Commissioners:

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

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

STATE OF NEW YORK  
COUNTY OF SUFFOLK

I, \_\_\_\_\_ being duly sworn, depose and say that I am the above named person. I have personally read and agree to each and every statement above.

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



# AUTHORIZATION FOR ARSON CHECK

I \_\_\_\_\_, hereby authorize the Suffolk County Sheriff Department to perform a arson check on me. I further authorize the release of this information directly to the Chief of the Springs Fire Department.

I acknowledge by authorization that I release any and all persons/ institutions and legal entities from any and all obligation of liability arising from the release of the records described herein to the parties herein.

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

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

Date of Birth: \_\_\_\_\_

## DISCLOSURE AND RELEASE

In connection with my application for membership or employment (including contract for services) with \_\_\_\_\_, I understand that consumer reports, (Organization) which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Driver License Number \_\_\_\_\_

State \_\_\_\_\_

Date of Birth \_\_\_\_\_