



Katonah Fire Department Membership Application*

*As part of the application process, as required by law, your information will be forwarded to the NYS Division of Homeland Security and Emergency Services Office of Fire Prevention and Control for a **check for** arson conviction and/or sex offender registration.

Application date: _____

Social Security Number: _____ - _____ - _____

Name: _____

Date of birth: Month: _____ Day: ____ Year: _____

Current Address: _____

Place of birth: City: _____ State: ____ Country: _____

Naturalized citizenship: Where? _____

Length of time residing at above address?

When? _____

Years: _____ Months: _____

Name of Previous Employer: _____

Home or Cell Phone Number: _____

Address of Previous Employer:

E-mail: _____

Name of Current Employer: _____

Address of Current Employer:

Current valid New York State Driver's License ID#:

Please list three (3) character references and their addresses:

Employer Phone Number: _____

Date you started with above employer? _____

Are you in good physical condition? _____

(Katonah Fire District will have you complete a physical examination once you've been elected to membership)

Please obtain the names and signatures of two (2) active members of

The Katonah Fire Department who are recommending you for membership:

Are you a member of, or have you been a member of, any other fire department? (Y)_____ (N) _____

PRINTED NAME: _____

(Please check one)

SIGNATURE: _____

If yes, name and address of department:

PRINTED NAME: _____

SIGNATURE: _____

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Availability to participate in normally required fire department activities (meetings, drills, emergency calls). **Please check** appropriate time periods.

Weekdays:

Days _____ Evenings _____ Nights _____

Weekends:

Days _____ Evenings _____ Nights _____

Do you have any currently pending arrests or criminal accusations?

(Y) (N)

(Please circle one)

If you have, please give a brief description: _____

Why do you wish to become a member of the Katonah Fire Department?: _____

I affirm the statements made in this application are completely accurate. I give my permission to the Katonah fire department to contact the individuals or firms identified in order to verify statements. If elected to membership, I agree to abide by the Constitution and By-Laws of The Katonah Fire Department:

PRINT NAME: _____ SIGNATURE: _____

If under 18, please have your parent or legal guardian sign below:

PRINT NAME: _____ SIGNATURE: _____

BEST NUMBER TO REACH THIS PERSON (Cell phone preferred): _____

E-MAIL: _____

Please do not write below this line. Membership Committee use only

Date application received: _____ Date Application read at monthly meeting: _____

Date of Arson/Background Check: _____ Date of Membership Committee Interview: _____

Date Application was voted on: _____ Member Accepted: (Y) (N)