



Organized in 1914

# Marion Fire Department, Inc.

P.O. Box 1 3786 Mill Street  
Marion, New York 14505

"Home of The Flying Dutchmen"



## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

How long have you resided at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

How long have you resided in New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Are you 18 years of age or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If NO, state your age: \_\_\_\_\_

Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If YES, explain below:

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

Are you currently employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If YES, give employer information below:

Name of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

May we contact your employer as a reference? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have a valid New York State Drivers License? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies)

Name of Agency: \_\_\_\_\_

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

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

(If more space is needed, please identify on an attached sheet)

Have you ever been a member of the United States Armed Forces? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If YES, did you receive a dishonorable discharge? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision. If either YES, give complete details on an attached sheet. Include service branch and service dates.

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If YES, give complete details on an attached sheet.

Please list three personal references, other than members of this organization, who have known you for at least 3 years:

A. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

B. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

C. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Please list the names of any acquaintances that are members of this organization:

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

**Marion Fire Department, Inc. Membership Committee Review**

Recruit

Full Membership

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

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

Accepted as a Recruit

Accepted as a Full Member

\_\_\_\_\_

\_\_\_\_\_

(The following is to be filled out during the preliminary applicant meeting with the MFD Membership Committee)

**WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED / OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING**

I swear or affirm, under the penalties of perjury, that the personal information included in this application is accurate and correct, and that the Marion Fire Department, Inc. will rely on the truth of this/these statements when they process my application for membership. I also acknowledge that the Marion Fire Department, Inc., will do fingerprint and/or other background checks to the extent that they believe that the same are required, and that I authorize them to make such checks to verify any, or all, of the information above supplied.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**PRIVACY NOTIFICATION**

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law

The information obtained will:

Be used to determine your qualifications for the position for which you are applying

Be released to the Fire Chief and your potential supervisors; and

Be maintained in your personnel file (if you become a Fire Department member) or in our resume file for six months (if you do not become a Fire Department member)

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by:     Acting Fire Chief  
Marion Fire Department, Inc.  
PO Box 1  
3786 Mill Street  
Marion, NY 14505  
(315) 926-6869



Organized in 1914

# Marion Fire Department, Inc.

P.O. Box 1 3786 Mill Street  
Marion, New York 14505

"Home of The Flying Dutchmen"



## APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my Application for Membership with the Marion Fire Department, Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records to the Marion Fire Department, Inc. whether the information be public, private or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Witnessed By:

\_\_\_\_\_  
Name and Title (Please Print)

\_\_\_\_\_  
MFD Membership Committee Member Signature

\_\_\_\_\_  
Date