

10. Is additional information about a change in your name or use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in the space provided for additional information.

11. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give employer information below.

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

12. Do you have a valid New York State Driver's License? Yes \_\_\_\_\_ NO \_\_\_\_\_ If yes, please include a copy of the front of your Driver's License, or the 9 digit identification number. \_\_\_\_\_

13. Please list any 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 use the additional information sheet)

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

If yes, did you receive an Honorable Discharge? Yes \_\_\_\_\_ NO \_\_\_\_\_

If the above answer is No, give complete details in the space provided for additional information. Please include service branch and service dates.

15. Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details in space for additional information.

16. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Please list 3 personal references, other than members of this organization, who have known you for at least 5 years.

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_