

Rush Fire Department – Application for Membership

(First Name)

(Middle Initial)

(Last Name)

(Street Address)

(Apartment Number)

(State and Zip Code)

(Home Telephone)

(Work Telephone)

(Employer Name)

(Employer address & phone number)

May we contact your employer as a reference? (yes or no) _____

Do you have a valid NYS Drivers License? (yes or no) _____

Please list any previous fire, rescue, police or ambulance agency associations: (if possible provide a contact) _____

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? (yes or no) _____ If yes: please provide details on a separate sheet.

OSHA regulations require that you pass a physical exam before becoming an interior firefighter. The fire districts designated physician will provide you with a free exam for this purpose. This can be done by you own doctor, following the OSHA guidelines but any additional cost would not be paid for by the fire district.

Privacy Notification: The authority to request and confirm personal information about you is found in the NYS Executive Law. The information obtained will:

- Be used to determine your qualifications for the position which you are applying for.
- Be released to the Fire Chief and your potential supervisors.
- Be maintained in your personnel file (if you become a member) or in a resume file for six months (if you are not a fire company member)
- The Rush Fire Department will maintain this information and these files.
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Applicant's Authorization for Release of Information

In order to confirm the information that I supplied on my application for membership with the Rush Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers; and the US military services to disclose their relevant records about me to the Rush Fire Department whether that information be of public, private or confidential nature; and I release them from any liability 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 Signature)

(Date)

(Witness Name & Title – Please Print)

(Witness Signature)

(Date)