

**FIRE DISTRICT No. 1 OF THE TOWN OF EAST GREENBUSH  
THE CLINTON HEIGHTS FIRE DEPARTMENT  
P.O. BOX 332  
RENSSELAER, NEW YORK 12144**

Thank you for your interest in becoming a member of the Clinton Heights Fire Dept. You will first join one of our two fire companies (Bruen Hose Co. – Station 1 or the Community Hose Co. – Station 2). The Clinton Heights Fire Dept. governs actual firematic functions. The companies run the fire stations.

To join the fire department, you will need to:

1. Join one of the fire companies.
2. Be investigated by the by the NYS Dept. of Criminal Justice for criminal records regarding arson.
3. Be approved by the Board of Fire Commissioners.
4. Pass a physical examination conducted by the Fire Dept. Physician. Be on probation for at least 1 year, during which time you will be evaluated every 3 months by the line officers.
5. At the end of the probationary period, your name will be sent to the Board of Fire Commissioners for final approval.

# APPLICATION FOR MEMBERSHIP

\_\_\_\_\_ Station 1

\_\_\_\_\_ Station 2

1. DATE: \_\_\_\_\_

2. \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

3. \_\_\_\_\_  
(St.) (City, Town, Village) (Apt.)

4. Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Work) (Cell)

5. E-mail, if available: \_\_\_\_\_

6. SS#: \_\_\_\_\_ this number is kept in the strictest of confidence.  
It is needed as NYS fire training records are maintained using this number.

7. Emergency contacts:

A. \_\_\_\_\_  
(Name) (Phone) (Relationship)

B. \_\_\_\_\_  
(Name) (Phone) (Relationship)

C. \_\_\_\_\_  
(Name) (Phone) (Relationship)

## DISTRICT OFFICER USE

Today's date \_\_\_\_\_

Arson check completed Y N

Date of acceptance \_\_\_\_\_ or date of denial \_\_\_\_\_

Parental consent completed (if necessary) Y N

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

9. Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, state your age \_\_\_\_\_  
If under the age of 18, you will need approval of a parent or guardian to join.

10. Do you have any previous emergency services experience?

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

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

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

11. Federal Occupational Safety and Health Administration (OSHA) regulations require that you pass a physical examination before becoming a firefighter. The department's designated physician will provide you with a free medical examination. No medical information will be disclosed to the fire district. The only report that we receive is a "pass" or "fail" notice. Will you be willing to undergo a medical examination? (***A "no" answer will disqualify you from active membership.***)

Yes \_\_\_\_\_ No \_\_\_\_\_

Print name of applicant: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Print name of parent if applicant  
is under 18 years of age: \_\_\_\_\_

Signature of parent if applicant  
Is under 18 years of age: \_\_\_\_\_

## PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you will 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 on you is found in Article 6 of the Public Officers Law.

This information will:

- Be used to determine your qualifications for the position for which you are applying (firefighter)
- Be released to the fire chief and your potential superiors
- Be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you do not become a fire company member)

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

This information will be maintained by the fire chief of the Clinton Heights Fire Department at the fire department office.

Within the freedom of information law, all information contained or obtained herein will remain confidential and will be used only for internal membership processing.

In witness whereof, this application has been subscribed, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the undersigned applicant who affirms that the statements made are true under the penalties of perjury.

Print name of applicant: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of parent or guardian  
if applicant is under 18 years of age: \_\_\_\_\_

Signature of parent or guardian  
if applicant is under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant, please retain this sheet to facilitate the application process.

1. Attend the next fire company meeting on \_\_\_\_\_  
at the appropriate fire station, at \_\_\_\_\_ PM.
2. Attend the next Board of Fire Commissioner's meeting at the Fire District's office  
located at 11 Hampton Avenue at 7 PM on \_\_\_\_\_.
3. Contact the fire dept. physician to make an appointment for your physical. Be sure to  
tell the office this is for an OSHA physical for the Clinton Heights Fire Dept. This is  
Dr. James Leyhane, 77 Miller Road, Castleton, NY 12033. Phone Number 477-2167

For any questions please contact your station Chief or Captain at: \_\_\_\_\_