

APPLICATION FOR MEMBERSHIP

NOTE: Applicants for membership must be:

- At least 17 years of age.
- A resident of the Brookhaven Fire District for not less than one (1) year.
- Applicants must complete, sign and notarize application and return attachments as follows:
 1. DMV AND POLICE/ARSON SEARCH. SCPD RELEASE FORM MUST BE NOTARIZED.
 2. SUBMIT 2 PROOFS OF CURRENT RESIDENCE BACK ONE YEAR OF APPLICATION.
 3. SUBMIT COPY OF VALID STATE DRIVERS LICENSE
 4. ATTACH A \$5.00 NON-REFUNDABLE APPLICATION FEE
 5. A PHYSICAL EXAM IS REQUIRED BY A DISTRICT APPOINTED PHYSICIAN AT NO COST TO APPLICANT.
-A MASK FITTING AND DRUG TEST WILL BE INCLUDED IN THE EXAM
-PHYSICAL EXAM WILL BE SCHEDULED AFTER APPLICANT HAS BEEN INTERVIEWED BY MEMBERSHIP COMMITTEE
 6. TRANSFERS MUST SUBMIT A LETTER FROM PREVIOUS FIRE DEPARTMENT TO BE CONSIDERED AS A TRANSFER

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL RESULT IN REJECTION OF APPLICATION

NAME _____ DATE OF BIRTH _____ AGE _____
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
EMAIL ADDRESS _____
LENGTH OF TIME AT PRESENT ADDRESS _____ SOCIAL SECURITY NO. _____
OCCUPATION _____ PLACE OF EMPLOYMENT _____
ADDRESS _____ CITY _____ ZIP _____
WORK PHONE _____ CAN YOU LEAVE WORK FOR FIRE ALARMS? YES _____ NO _____
DO YOU HAVE A VALID NY STATE DRIVER LICENSE? YES _____ NO _____
CLASS OF LICENSE _____ LICENSE NO. _____
DO YOU BELONG TO A RESERVE UNIT? YES _____ NO _____
IN CASE OF EMERGENCY, NOTIFY _____ RELATION _____
EMERGENCY PHONE NO. _____ ALTERNATE PHONE NO. _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR THE CRIME OF ARSON IN ANY DEGREE? YES / NO
IF YES, PLEASE EXPLAIN _____
HAVE YOU EVER BEEN A MEMBER OF ANY OTHER FIRE DEPARTMENT OR AMBULANCE COMPANY? YES / NO
IF YES, LIST DEPARTMENT AND/OR COMPANY AND PHONE NO. _____

GIVE THREE REFERENCES NOT RELATED TO YOU – NOT BROOKHAVEN FD MEMBERS

1.) NAME _____ ADDRESS _____ PHONE NO _____
2.) NAME _____ ADDRESS _____ PHONE NO _____
3.) NAME _____ ADDRESS _____ PHONE NO _____

TRANSFERS

A LETTER FROM PREVIOUS FIRE DEPARTMENT IS REQUIRED FOR TRANSFERS

I am a transfer from the _____ Fire Department, and have submitted a letter of transfer with this application.

DID YOU COMPLETE AND PASS FIREFIGHTER 1? YES _____ NO _____ IF SO, ATTACH COPIES OF CERTIFICATES

HAVE YOU COMPLETED ANY OTHER COURSES? YES _____ NO _____ IF SO, ATTACH COPIES OF CERTIFICATES

SPONSORS

BROOKHAVEN FIRE DEPARTMENT MEMBERS ONLY

We, the undersigned, being a qualified "Class A" member in good stand of the Brookhaven Fire Department do hereby recommend _____ for membership in the Brookhaven Fire Department.

1.) Print Name _____ Signature _____ Badge No. _____ Date _____

2.) Print Name _____ Signature _____ Badge No. _____ Date _____

3.) Print Name _____ Signature _____ Badge No. _____ Date _____

APPLICANT SWORN STATEMENT

I have answered all questions truthfully, and I authorize investigations of all statements in this application. Any false statement and/or omission of fact shall be grounds for denial of application and/or expulsion after becoming a member. I also understand that the membership committee during this investigation process of this application will visit me. I understand that the application process includes the successful completion of a physical examination and drug test performed by doctors associated with the Brookhaven Fire District.

By signing below, I state that all information listed above is true.

Signature of Applicant _____

Notary Public: _____

Sworn before me this... Date : _____