

Putnam Lake Fire Department, Inc.
72 Fairfield Drive
Patterson, New York 12563

Date: _____

Name: _____ Tel. No. () - _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

How long have you lived at this address? Years: _____ Months: _____ Do you own or rent? _____

Are you over 18 years of age? Yes: _____ No: _____ If not state your age _____ (See statement on next page)

Do you have a valid drivers license? Yes: _____ No: _____ What state? _____

Are you employed in the Putnam Lake Fire District? Yes: _____ No: _____

Can you leave work to answer an alarm? Yes: _____ No: _____

Are you available to answer an alarm? Days: _____ Nights: _____ Weekends: _____

Previous emergency service experience: (Include only, Fire, Police, Rescue, and Emergency Medical Service.)

Name of Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Tel. No.: _____

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: _____ Is "yes" give details _____

MEMBERS STATEMENT

Submitted herewith please find my application fee of \$ 5.00 I understand that if my application is not accepted, my application fee will be returned. I further understand that in the event that I do not meet the requirements of the Putnam Lake Fire Department, during my probationary period (one year) I may be dismissed at any time. I also understand that a false statement on this application will result in the immediate termination of my probation and expulsion from the department.

Applicants Signature: _____ Date: _____

PHYSICIANS REPORT OF FITNESS FOR FIREFIGHTING DUTY

I have examined: _____, and find him / her to be in generally good health.

Physicians Signature: _____ Date: _____

Physicians name: (please print) _____

Address: _____ City: _____ State: _____ Zip: _____

O.S.H.A. Regulations require that you pass a physical examination before becoming an interior structural firefighter.

The department will provide you with this free medical examination. Will you be willing to undergo a medical examination for this purpose: Yes: _____ No: _____

The following information is requested to enable the Putnam Lake Fire Department to conduct a criminal and arson investigation (Be advised that your answers to these questions are voluntary and that you may refuse to answer any or all of them).

Maiden Name (if applicable): _____ Sex: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____ - _____ - _____

Drivers license number: _____

Race: _____ Height: _____ Weight: _____ Hair color: _____ Eye color: _____

TO BE COMPLETED BY THE PUTNAM LAKE FIRE DEPARTMENT
MEMBERSHIP COMMITTEE REPORT

Date: _____

- | | | |
|----------|------------|-----------|
| 1. _____ | Yes: _____ | No: _____ |
| 2. _____ | Yes: _____ | No: _____ |
| 3. _____ | Yes: _____ | No: _____ |
| 4. _____ | Yes: _____ | No: _____ |
| 5. _____ | Yes: _____ | No: _____ |

Comments: _____

Date accepted by the Putnam Lake Fire Department: _____



*Putnam Lake Fire Department, Inc.
72 Fairfield Drive
Patterson, New York 12563*

Tel (845) 279-8480
Fax (845) 279-1364

Member Hudson Valley Volunteer Firemen's Association

Member F.A.S.N.Y - P.C.V.F.A.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership in the PUTNAM LAKE FIRE DEPARTMENT, I Authorize all agencies, educational institutions, law enforcement agencies, present and former employers to disclose their relevant records about me to the PUTNAM LAKE FIRE DEPARTMENT whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

Applicants Name (Please Print)

Applicants Signature

Date

Witnessed by:

Name and Title (Please Print)

Signature

Date

Emergency – Dial 911