



Garden City Volunteer Fire Department

347 Stewart Avenue

Garden City, New York 11530

Chief's Office: 516.465.4130 Fax: 516.746.1533

membership@gcfdny.com

APPLICATION FOR MEMBERSHIP

Place Recent
Photo Here

No Application will be processed
without a photo

Applicant Information

Name

Address

City State Zip Code

Phone (Home)

Phone (Mobile)

Date of Application

FOR DEPARTMENT USE ONLY

DATE POSTED:

ARSON CHECK SENT:

FIRST READING

SECOND READING

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APPLICATION FOR MEMBERSHIP

General Information

Name

Address

City State Zip Code

Phone (Home) Phone (Mobile)

email

Emergency Contact Info

Name

Phone (Home) Phone (Mobile)

Relationship:

Personal Information

Are You A Citizen of the United States?

Do you currently possess a NYS Driver's License

State Drivers License Number: Expiration Date:

Employment History

Please List Your Current Employer Information:

Name

Address

City State Zip Code

Supervisor: Phone:

E-mail

Your Position: Working Hours:

Your Duties:

How Long Have You Been with this Employer:

Employment History

Please List Your Employment History For The Past Five Years:

Name
Address
Supervisor: Phone:
Start Date: End Date: Reason for Leaving

Name
Address
Supervisor: Phone:
Start Date: End Date: Reason for Leaving

Name
Address
Supervisor: Phone:
Start Date: End Date: Reason for Leaving

Education:

High School: Did You Graduate:
College: Did You Graduate: Degree Earned:
Graduate: Did You Graduate: Degree Earned:
If you are presently not enrolled in college, Do you have any plans to enroll in a local college or university?

Military Service

Have you ever served in the Armed Forces of the United States?
if yes, what Branch: Years of Service:
Discharge Status: Reserve Status:
Did you receive any special training that may be applied to firefighting?
if yes, please indicate:

Fire Department Service

Have you ever been a member of another paid or volunteer fire department?

if yes, which Department:

Years of Service:

Reason for Leaving:

Personal References:

Please List Three References whom we may inquire as to your character:

Name

Address

Relationship:

Phone:

Name

Address

Relationship:

Phone:

Name

Address

Relationship:

Phone:

Please list any member of the Garden City Fire Department who can attest to your character:

Name

Name

Background Information:

Have you ever been convicted of a crime?

Are there any violations noted on your current drivers license?

If yes, please provide disposition on the rear of this sheet

Do you have a registered automobile or have one available to you?

Do you have any fear of height or confined space?

Prior to acceptance to the Garden City Fire Department, applicants are required to undergo a physical examination by a physician, designated by the department, to determine the applicants ability to perform the duties of an interior, structural firefighter. If it is determined that you are NOT physically qualified to perform the duties of an interior structural firefighter are you willing to take whatever reasonable steps necessary to become physically qualified.

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I hereby swear that: I have read the forgoing questions and have fully, truthfully, and accurately answered the same. The foregoing answers and information are true to my knowledge, except if made on the basis of information and belief, and as to such answers, I believe them to be true and accurate.

I understand that intentionally omitting or misrepresenting any material fact call for in this application or in subsequent inquiries in connection with application constitute grounds for immediate discharge. I give permission to the GARDEN CITY FIRE VOLUNTEER DEPARTMENT, INC. to make any investigation relative to consideration of my qualification of membership in the GARDEN CITY VOLUNTEER FIRE DEPARTMENT INC. and will fully cooperate in any such investigations.

I do hereby make application for membership to the GARDEN CITY VOLUNTEER FIRE DEPARTMENT, INC. and if elected, do solemnly pledge myself to obey all lawful orders of my superiors, to be amiable to discipline and to hold myself bound in order to conform and abide by, in every respect the by-laws and code and general orders of the GARDEN CITY FIRE DEPARTMENT, INC. in order to protect the lives and property of the Village of Garden City.

I, also herby give my permission to the GARDEN CITY VOLUNTEER FIRE DEPARTMENT, INC to examine and copy all records, in my name pending my membership.
This includes but not limited to school records, employment records, medical records, military records, motor vehicle, police and/or court records.

I hereby absolve anyone of any responsibility in giving my records to an authorized officer of the GARDEN CITY VOLUNTEER FIRE DEPARTMENT, INC.

Signature of Applicant

Date

STATE OF NEW YORK)
COUNTY OF _____) SS:

ON THIS THE _____ DAY OF _____, 20____ BEFORE ME PERSONALLY
CAME _____ TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN
AND WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE EXECUTED THE SAME.

NOTARY PUBLIC



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RELEASE OF INFORMATION

I Hereby authorize the Nassau County Police Department to perform an arrest records check of me and authorize the release of this information directly to the above named fire department.

In addition, I also agree to release any and all persons and legal entities from any and all liability arising out of the release of the records described herein to the parties' specified herein.

I am aware that this instrument may be photocopied in its use and hereby acknowledge the validity of my signature on such duplicated copy.

Signature of Applicant

Date

Applicant Information

Name

Address

City

State

Zip Code

Date of Birth

Social Security Number:

STATE OF NEW YORK)

COUNTY OF _____) SS:

ON THIS THE _____ DAY OF _____, 20____ BEFORE ME PERSONALLY

CAME _____ TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN

AND WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE EXECUTED THE SAME .

NOTARY PUBLIC

THIS PAGE IS FOR FIRE DEPARTMENT USE

MEMBERSHIP COMMITTEE INTERVIEW DATE: _____/_____/_____

RECOMMENDED TO COUNCIL: _____
COMMENTS: _____

SIGNATURES:

DATE INTERVIEWED BY COUNCIL: _____/_____/_____

RECOMMENDED FOR MEMBERSHIP: _____

FIRST READING _____/_____/_____ SECOND READING: _____/_____/_____

ELECTED BY DEPARTMENT: _____/_____/_____

DATE SWORN IN: _____/_____/_____

COMPANY ASSIGNMENT: _____

BADGE NUMBER: _____