

East Eden Fire Company

8097 East Eden Rd Eden, NY 14057

www.eastedenfire.com

Application For Membership

Date: _____

Name: _____
Last Name First Name Middle Initial

Date of Birth: _____

Address: _____
Street Apt./Suite Number

Address: _____
City, Town, Village State Zip Code

How long have you lived at above address? Years: _____ Months: _____

Contact Info: _____
Home Phone Number Cell Phone Number E-mail

Driver's License Number: _____

Are you currently employed? Yes No

If "Yes" Please list your employer information below.

Name of employer: _____

Position: _____

Address: _____

City: _____ Phone Number: _____

May we contact your employer as a reference? Yes No

Previous emergency services experience: (fire, rescue, police and emergency medical services agencies.)

Name of Agency: _____

Dates of Service: _____

Address: _____

Contact Person: _____ **Number:** _____

Have you ever been a member of the United States Armed Forces? Yes No

Branch: _____

Dates of Service: _____

Applicants must be 18 years of age or older.
All members are required to take a company provided physical, by a company approved examiner.
Applicant must be sponsored by an East Eden Firefighter and have three letters of reference, to be turned in with application.

Applicant has been recommended by firefighter, _____ who has known this individual for a period of _____ years.

Signature Date

I, _____ hereby authorize the East Eden Fire Company to run an arson investigation background check which is required by the State of New York.

Signature Date

I, _____ hereby make application as an active member of East Eden Fire Company, being of good character and habit. Agreeing to abide by the Laws of the State of New York and the town of Eden, in addition to the East Eden Fire Company's By-Laws and General Operating Procedures. To ensure and confirm the accuracy of the information provided above, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and military services to provide relevant records to East Eden Fire Company. Whether the information be of public, private or confidential nature, and I release East Eden Fire Company from any liability and responsibility from doing so.

I understand that this form will accompany requests for official documents and confirmation of my credentials.

Signature Date

Please list any additional information wished to be provided. Please include and change in your name, use of an assumed name or a nickname necessary to enable a check on your eligibility for membership.



Please Do Not Write in Space Below

Membership Committee: _____

Accepted into membership this _____ day of _____

President: _____

Secretary: _____