



**FAIR HARBOR FIRE DEPARTMENT**  
Serving Fair Harbor, Dunewood & Lonelyville  
Founded in 1931

**MEMBERSHIP APPLICATION**

Mailing address: PO Box 451, Ocean Beach, NY 11770

Date: \_\_\_\_\_

To the Officers and Members of the Fair Harbor Fire Department:

The following individual wishes to apply for membership as:(check all that apply)  
\_\_\_\_ Firefighter, \_\_\_\_ EMT, \_\_\_\_ Dispatcher.

***All Information Treated Confidentially***

Last Name: _____ First: _____ M. I.: _____
Soc. Sec. #: _____ - _____ - _____ Date of Birth: ____/____/____
Address: _____
City: _____ State: ____ Zip: _____
Beach Address: _____, Community: _____

***Contact Information***

Home Phone: (____) ____ - _____ Beach Phone: ____ -- _____
Work Phone: (____) ____ - _____ Cell Phone: (____) ____ -- _____
Email: _____
Alternate contact: _____
Other: _____

***Personal Data***

____ Male, ____ Female Blood Type: ____ Height: ____ Weight: ____
Marital Status: ____ If married, spouse's name: _____

***In case of emergency***

Contact: _____ at (____) ____ - _____
Relationship: _____

**Drivers License Data**

State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_ Current Points: \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_ Yes \_\_\_ No

If yes explain in detail:

**Education**

	School Name	Graduation Date	Subject
High School		/ /	
Trade School		/ /	
College		/ /	
Other		/ /	

**Military Background**

Have you ever been in the armed forces? \_\_\_ Yes \_\_\_ No

Branch: \_\_\_\_\_

Dates of Service: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Type of discharge: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Present Membership (e. g. National Guard, Reserves). \_\_\_\_\_

**Employment Information**

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Working Schedule: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ yrs.

**References**

Name	Address	Phone #

**Previous Fire & EMS Experience**

List all affiliations with any Fire/EMS/Rescue Company or Department:

List current Fire/EMS related certifications: e.g. Firefighter1, EMT-B

Certification	State/Governing Agency	Expiration Date

Do you have any physical or mental conditions which may hinder your activities as a firefighter or EMT?

If so, what?

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Do you have any known allergies?

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Have you ever been convicted of a crime or are now under charges for any crime? (This does not include simple traffic violations) \_\_\_YES \_\_\_NO.

If yes, describe? \_\_\_\_\_

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I hereby certify that the above information is complete and correct to the best of my knowledge.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Department Secretary

## Release of Confidential Information to the Fair Harbor Fire Department

I hereby authorize the Suffolk County Police Department to perform a background investigation, an arrest records check, including sealed records, if any, and I authorize the release of this information to the Fair Harbor Fire Department.

Name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature

Sworn to me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary Public State of New York

This release must be filled out, notarized and accompanied with the first three pages of the FHFD Membership Application.