

Canton Rescue Squad

77 Riverside Drive
Canton, New York, 13617
315-386-4613

Application for Membership or Employment

Check one or both: Membership _____ Employment _____

Date: _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Local Address) (Apt./Suite No.)

(City, Town, Village) (State) (Zip Code)

IF YOUR HOME ADDRESS IS DIFFERENT THAN YOUR LOCAL ADDRESS, PLEASE
PROVIDE HOME ADDRESS AS WELL ON THE ADDITIONAL INFORMATION PAGE.

3. Telephone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

E-Mail: _____

4. How long have you resided at the above address? Years: _____ Months: _____

5. How long have you resided in New York State? Years: _____ Months: _____

6. Are you 18 years of age or older? Yes: _____ No: _____ If "NO", state your age. _____

7. Is additional information about a change in your name or your use of an assumed name or nickname
necessary to enable a check on your eligibility for membership? Yes: _____ No: _____ If "YES",
explain.

8. Are you currently employed? Yes: _____ No: _____ If “YES” give employer information below.

May we contact your employer for a reference? Yes: _____ No: _____

Name of Employer: _____

Address: _____ Phone: _____

9. Do you have a valid New York State Driver's License? Yes: _____ No: _____
If Yes, License # _____ Expiration Date _____

10. Previous emergency services experience: (include only fire, rescue, police, and emergency medical agencies) (Please include a letter of verification from previous agencies as well as copies of any certifications or training)

Name of Agency: _____

Address: _____

Contact Person: _____ Telephone: _____
(If more space is needed, please use attached sheet)

11. Have you ever been convicted of, or pled guilty to, a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes: _____ No: _____ If “Yes”, give details on attached sheet.
12. Please list three personal references, **other than members of this organization or family members**, who have known you for at least three years.

A. Name: _____ Telephone: _____

Address: _____

B. Name: _____ Telephone: _____

Address: _____

C. Name: _____ Telephone: _____

Address: _____

13. Please list the names of any acquaintances that are members or employees of the Rescue Squad:

ADDITIONAL INFORMATION

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**WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION
CONTAINED OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND
WIL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING**

In witness whereof, this application has been subscribed the _____ day of _____, 20__ by
the undersigned applicant who affirms that the statements made herein are true in penalties of
perjury.

Applicant Signature: _____ Date: _____

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Applicant's Authorization for Release of Information

In order to confirm the information I supplied on my application for membership or employment with the Canton Rescue Squad, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employer, and the military services to disclose their relevant records about me to the Canton Rescue Squad whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and future information, reports, or updates that may be requested.

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

(Applicant Name –Please Print)

(Applicant's Signature)

(Date)

WITNESSED BY:

(Witness Name – Please Print)

(Witness' Signature)
