

W. K. MANSFIELD HOSE COMPANY  
West Crescent Fire District

Application For Membership

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

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

Street: \_\_\_\_\_ City: \_\_\_\_\_

How long have you resided at the above address: \_\_\_\_\_

How long have you resided in New York State \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are You Currently Employed: \_\_\_\_Yes \_\_\_\_No

If yes, provide employer information below. May we contact your  
employer as a reference? \_\_\_\_Yes \_\_\_\_No

Employer: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Do you have a valid New York State Drivers License? \_\_\_\_Yes \_\_\_\_No

NYS Client ID number: \_\_\_\_\_

Do you have past experience in the emergency medical services (Fire or  
EMS)? If yes, please describe:

Agency: \_\_\_\_\_ No of Years: \_\_\_\_\_

Supervisor Chief: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Current Physical Condition: \_\_\_\_\_

Restrictions: \_\_\_\_\_

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**West Crescent Fire District**

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**REFERENCES:**

Please list three people, other than members of this organization and family who have known you for at least three years:

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email address: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email address: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email address: \_\_\_\_\_

Please list the names of any acquaintances that are members of this organization: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been a member of the armed forces: \_\_\_Yes \_\_\_No

If yes, did you receive a dishonorable discharge\*\*? \_\_\_Yes \_\_\_No

Have you ever been convicted or pled guilty to a felony and/or misdemeanor, insurance fraud, arson or a reduction of one of those offenses?\* \_\_\_Yes \_\_\_No

\* Supporting documentation may be required at time of interview

\*\* Dishonorable discharge is not an absolute bar to membership, this and other factors will effect a final membership decision

OSHA regulations require that you pass a physical examination before becoming an active member of this department. The department will provide this examination at no charge to you which will include a drug test. Will you be willing to undergo such an examination? \_\_\_\_\_Yes \_\_\_\_\_No

Within the Freedom on Information Law, all information contained/or obtained herein will be confidential and will be used only for internal membership processing.

*In order to confirm the information I supplied on my membership to the W. K. MANSFIELD HOSE COMPANY, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military to disclose relevant records about me, whether this information be public, private or confidential in nature, and release them from any liability and responsibility from doing so.*

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

I understand this form will accompany request for official documents and confirmation of my credentials:

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

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Of my own free will, I wish to become a member of the W. K. MANSFIELD HOSE COMPANY and the West Crescent Fire District. To the best of my knowledge the information I have provided is true and that any false statements made on my behalf will be cause for rejection of my application.

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

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_