

Highland Hose Company No. 1, Inc  
P.O. Box 521, Highland, N.Y. 12528

**MEMBERSHIP APPLICATION**

Thank you for taking time to fill out an application for membership in the Highland Hose Company No. 1, Inc.

The Highland Hose Company No. 1, Inc. Inc. has a commitment to provide manpower to the Highland Fire District, which together have the responsibility to protect the life and property of the Highland Fire District, as well as its surrounding mutual aid communities.

Submit the completed application to the above address. Missing or incomplete information may result in delays.

Normal procedure is:

Date:

Prospective member fill out application:

\_\_\_\_\_

Submit application to members at meeting:

\_\_\_\_\_

Investigation by committee:

\_\_\_\_\_

Interview by officers:

\_\_\_\_\_

Vote by membership at meeting:

\_\_\_\_\_

Approval by commissioners at their meeting:

\_\_\_\_\_

Applicant scheduled for physical exam:

\_\_\_\_\_

If all the above steps are completed and meet all of the requirements of the Hose Company and the Fire District, the applicant will be accepted as a probationary active member, and the necessary firefighting equipment will be issued. All equipment issued is property of the Fire District and is subject to immediate return, if requested by the Chief Officers.

Again, thank you for expressing your interest in joining us in our endeavor to provide the best service to the people of the Highland Fire District.

Socially and Firematically  
The Members of the  
Highland Hose Co. No. 1, Inc

Name (First, Middle and Last): \_\_\_\_\_

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For membership as an \_\_\_\_\_ member

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

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

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Aliases: \_\_\_\_\_

Do you have a valid New York State Drivers License: YES \_\_\_\_\_ NO \_\_\_\_\_

State: \_\_\_\_\_ Client Identification Number: \_\_\_\_\_ Class: \_\_\_\_\_

E-Mail: \_\_\_\_\_

YOU MUST HAVE A VALID NEW YORK STATE DRIVER'S  
LICENSE IN ORDER TO SUBMIT THIS APPLICATION

Do you own or have access to a vehicle: YES \_\_\_\_\_ NO \_\_\_\_\_

Notify in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Notify in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you have any experience in Firematics, First Aid or Rescue work? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pertinent medical history or conditions that could hinder your ability to function as a fire fighter?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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Would you object taking a physical exam? YES \_\_\_\_\_ NO \_\_\_\_\_

(Passing a physical exam is an **OSHA requirement**)

Where you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES \_\_\_\_\_ NO \_\_\_\_\_

Were you ever convicted of a crime? (Felony or Misdemeanor) YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever served in the U.S. Armed Forces? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, attach a copy of your DD FORM-214. (DD-214 attached \_\_\_\_\_)

If you answered YES to any of the above questions please explain: \_\_\_\_\_

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Have you ever applied for membership in this organization and been denied?

YES \_\_\_\_\_ NO \_\_\_\_\_

If so, when? \_\_\_\_\_

Do you have previous membership in a Fire Department or Rescue Squad? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what Department, include state. \_\_\_\_\_

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Highest level of education completed. \_\_\_\_\_

Briefly explain why you are interested in becoming a member of the Highland Hose Company.

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Do you understand that the Hose Company is a social and Firematic Organization and that a member you will be required to give freely of you time to attend alarms, drills, mandatory training, duty nights, meetings, committees, work on fund raising and other social events?

YES \_\_\_\_\_ NO \_\_\_\_\_

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I affirm that this application is true to the best of my knowledge and that falsifying any answer will invalidate this application and any membership available to me. I hereby authorize the Highland Hose Company, No. 1 Inc. and the Highland Fire District to make any investigation of my background necessary to confirm my application.

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

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

**NO MEMBERSHIP APPLICATION FEE**

References: (Shall not be related to you, be members of the Highland Hose Company or the Highland Fire District)

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

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**Authorization for Release of Personal Information**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to the **Highland Hose Company No. 1, Inc.** and or **the Highland Fire District**, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of criminal history records by authorization and approved agency for the **Highland Fire District**.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or part; upon this release authorization will be considered in determining my suitability for membership in the **Highland Hose Company No. 1, Inc.** and or the **Highland Fire District**. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information. I further release the **Highland Hose Company No. 1, Inc.** and the **Highland Fire District** from any and all liability, which may be incurred as a result of collecting such information.

**A photocopy of this release will be valid as an original thereof, even though said photocopy does not contain an original of my signature.**

I have read and fully understand the contents of the *“Authorization for Release of Personal Information”*.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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

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