

**ISLIP TERRACE FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP**

Date: _____

Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: M F

Email: _____

Home Phone: _____ Cell: _____

How long have you lived in Islip Terrace? Years: _____ Months: _____

Social Security #: _____ US Citizen: Yes No

Driver's License #: _____ State: _____ Class: _____ Exp. _____

Marital Status: Single Married Name of Spouse: _____

Occupation: _____ Normal Working Hours: _____

Employer (If student, name of school): _____

Emergency Contact: _____ Contact #: _____

Character Reference (other than family member or member of ITFD)

Name: _____ Phone: _____

Name: _____ Phone: _____

Islip Terrace Fire Department Member Proposing Applicant (may be left blank)

Name: _____ Phone: _____

The applicant will serve a probationary period and will be subject to the rules and regulations set forth by the bylaws of the Islip Terrace Fire Department. While serving time as a probationary member, it is understood that the member can be dropped from the rolls of the Islip Terrace Fire Department at any time at the discretion of the Chief of Department.

I affirm that all information I have given on this application is true, that I have read and understand all pages of this application, and that any misstatement on my part will result in my dismissal from the Islip Terrace Fire Department.

Applicant's Name (Print): _____

Signature: _____ Date: _____

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Applicant's Name: _____

Reinstatement (Out 1 year)	Reinstatement (Out 2 Years)
Transfer From Another Department	
Date Application Fee Paid (\$7.00)	_____
Date Copy of Driver's License Received	_____
Date Police Check Submitted	_____
Date Police Check Returned	_____
Date Approved By Committee	_____
Date Approved By Department	_____
Date Approved by District Physician	_____
Date Meeting with Commissioners	_____
Date Entered into Red Alert	_____

CHIEF SIGNOFF

Chief's signature attests that the application is complete, and all paperwork requirements have been met.

Signature

Date

Investigation Committee:

Badge Number: _____ Name: _____

Signature: _____

Badge Number: _____ Name: _____

Signature: _____