



JOHN MCLANE HOSE COMPANY, INC.

REXFORD FIRE DISTRICT

MEMBERSHIP APPLICATION

All information included in this application is considered confidential and will only be used for the purposes of determining membership to this organization.

Please print all information.

Full Name: _____
(Please include middle initial if applicable.)

Alias/Maiden Name _____

Address: _____

Time at current address: Years: _____ Months: _____

SS#: _____ Height: _____

Birth Date: _____ Ethnicity: _____

Email: _____

Home Phone : _____ Cell Phone: _____

Do you have a valid New York State Driver's License? Yes No

NYS Driver ID #: _ _ _ - _ _ _ - _ _ _ Class: _____

Restrictions: _____

Are you currently employed? Yes No

Employer: _____ Phone: _____

Address: _____

Usual Schedule: Days Nights Other: _____

Do you currently attend high school or college? Yes No

Name of school: _____

Emergency Contact: _____ Relationship: _____

Address _____ Phone: _____

OSHA requires that you pass a physical examination before becoming an active firefighter and to determine at what level you will be able to participate in firematic duties. The department will provide this examination at no charge to you. Will you be willing to undergo such an examination?

Yes No

Do you have any prior experience in a fire department or EMS Agency?

Yes No

Agency: _____ No. of Year: _____

Supervisor/Chief: _____ Highest Rank: _____

Have you ever completed any NYS fire service training courses?

Courses: _____

Do you currently hold any New York State Emergency Medical Certifications?

CFR EMT EMT-D Paramedic

Affirmation:

By signing this application, you are applying to be an active member in the John McLane Hose Company and if accepted, agree to support the Constitution and the By-Laws of said Company and to serve as a Provisional Active Firefighter for a minimum of twelve (12) months. Further, you agree that to the best of your knowledge the information you have provided is true and that any false statements made on your behalf may be cause for rejection of my application, or future removal from the John McLane Hose Company.

Applicant Signature: _____ Date: _____

Recommendations:

Name	Signature
_____	_____
_____	_____

(To recommend an applicant, you must be a non-provisional member in good standing of the John McLane Hose Company at the time of recommendation)