



# 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: \_\_\_\_\_

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

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

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

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

Restrictions: \_\_\_\_\_ Expiration date \_\_\_\_\_

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)