Charlton Fire Department
677 Charlton Road, Ballston Lake NY 12019
(518) 399-1967

Application for Membership

Personal Information		
Full Name:		DOB:
Social Security Number:		
Address:		
Home Phone Number:	Work Number:	
Mobile Number:	Email:	
Have you been a member of the armed forces?	Yes ☐	No ☐
Do you hold a NYS Drivers License?	Yes ☐	No ☐
Drivers License Number:		
Are there any restrictions?	Yes ☐	No ☐
If yes, please explain:		
Emergency Contact:	Phone Number:	
Address:		

Employment History (Last Three Years)	
Employer:	Phone Number:
Address:	
Employer:	Phone Number:
Address:	

Availability for Department Activities (Meetings, Drills/Training, and Emergency Calls) Please Check Appropriately						
Weekdays:	Days ☐		Evenings ☐		Nights ☐	
Weekends:	Days ☐		Evenings ☐		Nights ☐	

Previous Emergency Services Experience (Fire, EMS, Police)	
Agency Name:	
Address:	
Contact Person	Phone Number:
Years of Experience	Positions Held:

Education Experience
Please List Any Education:

Criminal Convictions		
Have you ever been convicted of a felony?	Yes ☐	No ☐
If yes, please explain:		
The Charlton Fire Department will have a background check performed by the Saratoga County Sheriff's Department.		

References (Please List Three)	
Name 1:	Phone Number:
Address:	
Name 2:	Phone Number:
Address:	
Name 3:	Phone Number:
Address:	

Acknowledgment and Affirmation	
By signing below, I have indicated my desire to become an active member of the Charlton Volunteer Fire Department. I shall abide by the constitution and by-laws of the Company. I also understand that with the Freedom of Information Law, all information contained or obtained herein will remain confidential and will be used for internal membership processing only. I also affirm that all information given and obtained herein are true to the best of my knowledge.	
Applicant Signature:	Date:

Please mail in your completed application or return it to the Charlton Fire Department on a Monday night between 7:00 pm and 8:00 pm.

Fire Department Use Only		
Sign and indicate recommendation (yes or no) of the applicant to be accepted as a member of the Charlton Fire Department		
Signature:	Yes ☐	No ☐
Signature:	Yes ☐	No ☐
Signature	Yes ☐	No ☐
Signature:	Yes ☐	No ☐