

**Application for Membership  
Blue Point Fire Department  
205 Blue Point Avenue,  
Blue Point, NY 11715**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

NYS Driver License Number \_\_\_\_\_

All applicants will be enrolled in the NYS LENS (license event notification service) System. This system automatically notifies the District of driver license status, accidents, suspensions, V&T Law tickets (not for parking) or subsequent actions.

Do you consent? Yes \_\_\_\_\_ No \_\_\_\_\_

If you do not have a valid NYS Driver License, you may not operate any apparatus or vehicle belonging to the Blue Point FD.

Employer \_\_\_\_\_

How Many Years Employed? \_\_\_\_\_ Phone # of Employer \_\_\_\_\_

Military Experience \_\_\_\_\_ Years of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Do you currently plan to engage in any endeavor that may limit your ability to participate in activities of the Fire Department for an extended period of time? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain \_\_\_\_\_

Have you ever belonged to any other Fire Department or Ambulance Company?

Name of Department or Company \_\_\_\_\_

Address \_\_\_\_\_

Years of Service: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Length of residency in the Blue Point F. D. Area of Eligibility \_\_\_\_\_

(At least six months is required unless transferring from another FD)

What other organizations do you presently belong to? \_\_\_\_\_

Why do you want to join the Blue Point Fire Department? \_\_\_\_\_

**All information on this application is confidential and will be used only for the official business of the  
Blue Point Fire Department and the Blue Point Fire District**

All applicants must undergo a physical examination by the Blue Point Fire District's designated physician, at District expense, prior to being sworn. Do you consent? Yes\_\_\_\_\_ No\_\_\_\_\_

All applicants must undergo a background check by the Suffolk County Police Dept. Arson Squad. Do you consent? Yes\_\_\_\_\_ No\_\_\_\_\_

Provide contact information for two character references, not related to you:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

**AFFIRMATION**

I affirm that the above statements are true and correct to the best of my knowledge.

Any willful misstatement herein may be cause for disciplinary action including, but not limited to revocation of membership.

By signing this application, I agree to abide by the bylaws of the Blue Point Fire Dept.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Sponsor: \_\_\_\_\_ Signature of sponsor \_\_\_\_\_

\*If you are applying as a transfer from another Fire Department within six months of residing in the BPFDD Area of Eligibility, you must provide a letter of recommendation from a Chief Officer of your previous Fire Department.

**Note to Applicant: If you are accepted as a member, when you appear to be sworn in, please bring the SSANs for your primary and secondary beneficiaries. DO NOT put those numbers on this application.**

.....Do Not Write Below This Line.....

Date Application received: \_\_\_\_\_ Date interviewed by Investigating Committee: \_\_\_\_\_

Investigating Committee: \_\_\_\_\_ and \_\_\_\_\_

Finding of Investigating Committee: \_\_\_\_\_

Date of Department vote: \_\_\_\_\_ Result of Department vote: \_\_\_\_\_

Date of Fire District Approval: \_\_\_\_\_

Signature of Chairperson/Commissioner: \_\_\_\_\_

Name of Chairperson/Commissioner: \_\_\_\_\_

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