

Holtsville Fire Department

1025 Waverly Avenue • Holtsville, NY 11742 • (631) 475-5238 • Fax (631) 758-2185

Neal Harris
Chief
(631) 926-2349
nharris@holtsvillefd.org

Adam Sclafani
First Assistant Chief
(631) 626-5911
asclafani@holtsvillefd.org

Douglas Costello
Second Assistant Chief
(631) 926-2713
dcostello@holtsvillefd.org



Suffolk County Sheriff's Office
Attn: Chief Dispatcher
100 Center Drive
Riverhead NY 11901

To whom it may concern:

I hereby authorize the Suffolk County Police Sheriff's Office an arson, a license, and criminal background check, including sealed records (if any) on myself. I authorize the release of this information go directly to the Chief of the above named Fire Department.

Name: _____

Address: _____

DOB: _____

Social Security #: _____

Signature of Applicant: _____

Sworn to me before this date: _____

Public Notary

ONLY FILL OUT THE INFORMATION BELOW IF THE APPLICANT IS UNDER 18

I hereby authorize the Suffolk County Police Sheriff's Office an arson, a license, and criminal background check, including sealed records (if any) on my child. I authorize the release of this information go directly to the Chief of the above named Fire Department.

Parent or Guardian of Applicant: _____

Sworn to me before this date: _____

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CONSENT FORM

I, _____, have this _____ day, 20____, applied to become a member of the Holtsville Fire Department.

If I am approved for membership, I hereby consent to the following:

That the Holtsville Fire Department (HFD) and/or The Board of Fire Commissioners (BOFC) receive an arrest and conviction record from any agency in the State of New York regarding the Undersigned.

My legal full name is: _____ My DOB is: _____

I **consent to/refuse (circle one)** a series of Hepatitis B Vaccines, which will be offered to me at no charge by the BOFC.

I am willing to accept a full physical and drug test screening prior to being accepted for membership. I understand that if I fail the drug screening, my application will be denied and my fee will be returned.

I am signing this document aware that the BOFC and HFD will rely on the statements made herein before approving/disapproving my membership to the HFD.

Signature of Applicant: _____

Sworn to me before this date: _____

Public Notary

HOLTSVILLE FIRE DEPARTMENT MEMBERSHIP APPLICATION



Date: _____ Circle one: Fire & Ambulance Ambulance Only Fire Police
Name of Applicant: _____ DOB: _____ Age: _____
Residence: _____
Telephone: Home _____ Cell: _____
Place of Birth: _____
Social Security Number: _____ Marital Status: _____
Length of Residence in Fire District: _____
Highest level of Education Completed: _____ Where attended: _____
Occupation: _____ Employer: _____ Telephone: _____
Nearest Relative not living with you (Name, Address, contact #) _____

Have you previously been a member of a Fire Department? Y/N if yes, where? _____
What was the date your membership ended? _____ Reason for leaving? _____
Please list any prior firematic or ambulance training: _____
US Citizen? Y/N Speak English Fluently? Y/N
Have you ever been arrested? Y/N If yes, give charge, place, date & other pertinent details _____
Have you ever been convicted of a crime? Y/N If yes, give charge, place, date & other pertinent details _____

Physical Condition: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____
Identification marks (moles, scars tattoos etc.) _____
Motor Vehicle License Number, State, Class & Exp. Date: _____

ANY FALSE STATEMENT WILL BE GROUNDS FOR REJECTION OF APPLICATION OR DISMISSAL FROM MEMBERSHIP. I DECLARE THE ABOVE ANSWERS TO BE TRUE AND CORRECT.

Signature of Applicant: _____
Signature of Parent/Guardian (if applicant is under 18): _____
Witness: _____

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REPORT OF THE INVESTIGATION COMMITTEE

We the undersigned members of the Investigating Committee, have interviewed the within-named applicant and found him/her to be of good moral character and physically fit. We recommend that this application be approved and the applicant be accepted for membership after having a prior instruction and medical examination by the District Physician.

Investigation Committee: _____

If not Recommended for membership:

The Chairman of the Board of Fire Commissioners of the Holtsville Fire Department, at a regular meeting of the board, has sworn in the above applicant.

Date: _____ Chairman, Board of Fire Commissioners: _____

The applicant having met all rules and regulations of the Fire Department and the Board of Fire Commissioners, this application is finally approved and he/she is declared a member of the company designated herein.

Date: _____ Chief, Holtsville Fire Department: _____

\$25.00 Application fee collected by _____

[] Application fee waived due to current/former member of Armed Services

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Checklist for Applicant Interview

After the applicant's interview, please make sure of the following:

1. The application is fully completed and signed by both the Applicant and the Notary (if the applicant is under 18 the background check authorization form and application form must be signed by their parent or guardian.)
2. The applicant also needs to submit a photocopy of their driver's license for the background check
3. The applicant must pay the \$25.00 application fee at the time of the interview. We accept cash, check or money order made out to the Holtsville Fire Department.
4. Once received the application fee will be sealed in an envelope and labeled with the applicant's name and given to the Chief to be held until the application is voted on at the department meeting.
5. After the interview is complete, the Captain then forward the application (less the fee) to the District Manager for the background check.
6. The applicant has filled out line #'s 1-10 on the NYS Volunteer Firefighter Inquiry Form