

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



HOLTSSVILLE FIRE DEPARTMENT JUNIOR APPLICATION

Date: _____
Name of Applicant: _____ Date of birth: _____ Age: _____
Address: _____
Telephone# (Home): _____ Cell# _____
Place of Birth: _____ Social Security# _____
Length of residence in fire district: _____
Highest level of education completed: _____ Current level: _____
School attended (attending): _____
Employer (Name and Number): _____
Nearest relative (Name, Address, Phone# &
Relation): _____
Previous junior member or explorer of another department? YES/NO
If YES what department and when? _____
Reason for leaving: _____
Are you a citizen of the U.S.? _____ If not list status: _____
Ever been convicted of a crime? _____
If yes give date, time and charge: _____
Physical Condition: _____ Height: _____ Weight: _____ Hair color: _____
Eye Color: _____ Identifying marks, moles, scars, tattoos: _____
Do you have a driver's license: YES/NO If so # _____

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

Signature of applicant: _____

Signature of parent or guardian: _____

Date: _____

Witness: _____

THIS APPLICATION SHOULD BE FILLED OUT COMPLETELY AND GIVEN TO A JUNIOR ADVISOR OR THE FIRE 1ST LIEUTENANT OF THE HOLTSVILLE FIRE DEPARTMENT.

REPORT OF THE INVESTIGATION COMMITTEE

Approved for membership: YES / NO

If not approved, reason

We the undersigned members of the investigation committee, have interviewed the above 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 in the Holtsville Fire Department Juniors Program. After having proper instruction and a medical examination by the District Physician.

Investigating Committee: _____

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