

Holtsville Fire Department

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HOLTSVILLE 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: _____

Page 2 of 2

Firematically,



Douglas Costello
Chief of Department