Selden Fire Department

CONSENT FOR BACKGROUND CHECK OF MINOR

This form is to be used for any applicant under the age of 18 at the time of submission.

Applicant Name: _____

Applicant Date of Birth: _____

Parent/Guardian First and Last Name: _____

Relationship to Applicant: _____

I authorize the Selden Fire Department/District to conduct a background check on the above stated applicant through the New York State Department of Criminal Justice Services as part of the application process for membership with the Selden Fire Department

Signature: _____

Date: _____

NM 12/2025