



Paxtang Fire Company No. 1

APPLICATION FOR MEMBERSHIP

Membership Desired (circle one): Active Contributing

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address _____

City, State, Zip Code _____

Home Phone(_____) _____ Cell Phone(_____) _____

Email Address _____

Date of Birth _____

Drivers License # _____ State _____ Class _____ Expiration Date _____

(must provide a photo copy of current driver's license and attach to application)

Employment History

Current Employer _____ Job Title _____

Address _____

City, State, Zip Code _____

Telephone Number(_____) _____ How Long Employed? _____

Employer _____ Job Title _____

Address _____

City, State, Zip Code _____

Telephone Number(_____) _____ How Long Employed? _____

Reason For Leaving _____

References

Name, Telephone, Number Years Known

1. _____

2. _____

3. _____

Firefighting/Emergency Service Related Training

(Include dates and locations of relevant information)

Medical/Criminal Background

Do you currently have any medical conditions that would prevent you from performing any firefighting duties?

YES NO (circle one) if yes, please explain:

Have you ever been convicted of a crime (including traffic violations) and/or do you have any criminal charges pending against you? (Must provide PSP Background Check)

YES NO (circle one) if yes, please explain:

*Background checks are free to volunteers. You can apply for your PSP Criminal Background check at www.epatch.state.pa.us. Child Abuse Clearance background check can be found at www.compass.state.pa.us/CWIS by creating an individual account or logging into an existing account.

In the course of my application for membership in the Paxtang Fire Company No. 1, the members and officers of the Company desire to make certain inquiries as to my background, character and experience. It is in my interest to permit such investigations to take place by the officers; and therefore, in consideration of my desire to have all the material considered, I hereby authorize the Paxtang Fire Company, its members and officers, to make such inquiries as they seem appropriate. This includes, but is not limited to, any individual or group, institution, current or former employer, or emergency service agency. It is understood that I shall make no claim against the person or persons furnishing information and shall make no claim against any of the aforementioned sources of information, including the Paxtang Fire Company No. 1 for providing or reasonably using any or all information.

Also, to the best of my knowledge, all statements and answers, which I have given, are true, correct and accurate. I further understand that any misrepresentation or omission of facts may result in nullification of this application and/or subsequent membership based on its content.

SIGNATURE OF APPLICANT _____ DATE _____

DO NOT WRITE BELOW THIS LINE – FOR FIRE COMPANY USE ONLY

DATE APPLICATION RECEIVED _____ APPLICATION FEE PAID, YES NO \$10
(Application to be read before the company at the next regular company meeting)
(Active or Contributing)

FINDINGS OF THE INVESTIGATING COMMITTEE, FAVORABLE UNFAVORABLE
SIGNATURE OF INVESTIGATING COMMITTEE CHAIRMAN _____

DATE OF VOTE FOR PROBATIONARY MEMBERSHIP _____ YES NO

DATE OF VOTE FOR REGULAR MEMBERSHIP _____ YES NO