

# PETERS TOWNSHIP VOLUNTEER FIRE DEPARTMENT

## APPLICATION FOR MEMBERSHIP

APPLICANT NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

### IF AT ABOVE ADDRESS LESS THAN FIVE YEARS, LIST PREVIOUS ADDRESS

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### EDUCATION

HIGH SCHOOL GRADUATED FROM: \_\_\_\_\_

FURTHER EDUCATION: \_\_\_\_\_

### EMPLOYMENT

PRESENT OR MOST RECENT EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### INDICATE PRESENT OR FORMER AFFILIATIONS WITH THIS OR OTHER FIRE DEPARTMENTS

FIRE DEPT. NAME(S): \_\_\_\_\_

YEARS OF SERVICE: \_\_\_\_\_ LIST DUTIES AND/OR OFFICES HELD: \_\_\_\_\_

### HISTORY

HAVE YOU EVER BEEN ARRESTED AND / OR CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER HAD A SERIOUS ILLNESS IN THE PAST FIVE YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER RECEIVED COMPENSATION FOR INJURIES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

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## REFERENCES (EXCLUDE FORMER EMPLOYERS OR RELATIVES)

1. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
1. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
2. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

## BENEFICIARY

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY. I UNDERSTAND THAT IF I AM ACCEPTED TO THIS ORGANIZATION, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR MY DISMISSAL.**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PENNSYLVANIA STATE POLICE CRIMINAL RECORD CHECK

I ACKNOWLEDGE THAT PETERS TOWNSHIP VOLUNTEER FIRE DEPARTMENT WILL PERFORM A PA STATE POLICE BACKGROUND CHECK USING THE INFORMATION PROVIDED IN THIS APPLICATION.

INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

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## FIRE DEPARTMENT USE ONLY

DATE APPLICATION RECEIVED: _____	DATE OF PHYSICAL AGILITY TEST: _____
DATE OF FIRST INTERVIEW: _____	PASS _____ FAIL: _____
DATE OF FIRST READING: _____	DATE SWORN IN TO COMPANY: _____
DATE OF SECOND INTERVIEW: _____	DATE VOTED FOR PROBATION: _____
DATE OF SECOND READING: _____	DATE SP4-164 FORM RETURNED: _____