

# Trappe Fire Company No. 1

## Employment Application

PLEASE PRINT OR TYPE

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Birthdate: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Male Female (circle)

Current Address: \_\_\_\_\_ Years Lived Here: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred contact: Home - Cell

Email Address: \_\_\_\_\_

Membership Category Requested: Volunteer (Fire/EMS) \_\_\_\_\_ Paid (EMS) \_\_\_\_\_

If you are under 18 years of age a parent/guardian must complete and notarize the Junior Member application affidavit)

JUNIOR MEMBERSHIP AFFIDAVIT	
<b>SUBSCRIBED AND SWORN TO BEFORE ME THIS</b> ____ Day of _____, 20____  _____ <b>Signature of person administering oath</b>  _____ <b>Municipality</b> _____ <b>County</b> _____  <b>My Commission Expires</b> _____	I hereby certify that I am the applicant's parent/legal guardian, that I am at least 18 years of age, that the applicant has reached the age of 16 years, and this application is made with my full consent and understanding.  X _____ <b>Signature of parent/guardian</b>  _____ <b>Print name as it appears above</b>

{SEAL}

### DRIVER'S LICENSE INFORMATION

Do you have a valid driver's license? YES  NO  Class: \_\_\_\_\_

Issued by what state? \_\_\_\_\_ Driver's license #: \_\_\_\_\_

**LEGAL HISTORY**

Have you ever been convicted, or pled guilty or no contest, to a felony or misdemeanor, including a DUI/DWI or similar offense or had your license revoked or suspended for any reason?

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(A conviction may not necessarily disqualify you from membership.)*

EMERGENCY SERVICE CERTIFICATION INFORMATION (List only current certifications – photocopies required after admittance to membership)			
CERTIFICATION	DATE RECEIVED	EXPIRATION	STATE

MILITARY SERVICE					
Branch of Service	From	Until	Rank	Discharge Type	Location

**EDUCATION AND TRAINING**

High School: \_\_\_\_\_ Year Graduated/GED: \_\_\_\_\_

College: \_\_\_\_\_ Year/Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Year/Degree: \_\_\_\_\_

Fire/EMS Professional affiliations (other than listed under prior employment): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**VOLUNTEER CHILD PROTECTIVE SERVICES CLEARANCES**

You are required to obtain and submit the following clearances with your application (not applicable for Junior Membership):

- a) PSP Background Check (<https://epatch.state.pa.us/Home.jsp>)
- b) Child Abuse History Clearance Check (<https://www.compass.state.pa.us/cwis/public/home>)
- c) FBI Criminal History Record ([https://www.pa.cogentid.com/index\\_dpw.htm](https://www.pa.cogentid.com/index_dpw.htm)) – this background check is required for all EMS volunteers; for FIRE volunteers if you have not CONTINUOUSLY lived in the state of PA for the last 10 years  
(Note: Fire company is not responsible for fees incurred for any clearance checks)

**REFERENCES**

List TWO personal references that have known you for at least three years.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years known: \_\_\_\_\_ Contact number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years known: \_\_\_\_\_ Contact number (including area code): \_\_\_\_\_

**EMPLOYMENT HISTORY**

(Please provide your work history for the past three years)

Employer Name and Address	Position	Years There	Supervisor	Phone #

**PHYSICAL CERTIFICATION**

All prospective members for Fire & EMS employment (paid or volunteer) will be expected to perform strenuous physical activity. All prospective candidates for employment will be required to get certification from a physician clearing them for employment.

Physician Name: \_\_\_\_\_ Date of physical: \_\_\_\_\_

Physician Address: \_\_\_\_\_  
Street City State Zip

I declare that I have personally examined the person named in this application and certify that he/she is fit to perform work in the volunteer fire and/or medical service, which may include lifting heavy objects, climbing ladders, carrying persons, wearing heavy protective clothing and wearing and using breathing apparatus, except as otherwise stated below. (Note: Trappe Fire Co. is not responsible for doctor's fees.)

List here any exceptions or restrictions to the above:

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT AND AGREEMENT**

In applying for membership with the Trappe Fire Company No. 1, Trappe, PA, I understand and agree that Trappe will conduct a reference check which may include a review of public records, inquiries of my present and/or former employers and other references which I have provided regarding my qualifications and suitability for membership, verification of any other information I have provided in this application, and a report of my driver's license history from applicable law enforcement agencies. I further understand that Trappe By-Laws, policies or procedures may prohibit the admission of persons who have been convicted of certain crimes or have engaged in certain behaviors. I also understand that the application process may include a drug and alcohol test which may also be conducted at various times throughout my membership.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

Trappe Fire Company No. 1 considers applications without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Trappe Fire Company No. 1 is a DRUG-FREE WORKPLACE.

**THIS SECTION FOR FIRE COMPANY USE**

DATE APPLICATION RECEIVED \_\_\_\_\_

REVIEWED BY MEMBERSHIP COMMITTEE (NAME/DATE)

\_\_\_\_\_

INTERVIEW WITH EMS OFFICERS (NAME/DATE)

\_\_\_\_\_

RECOMMENDED FOR MEMBERSHIP APPROVAL:    YES    NO

\_\_\_\_\_

INTERVIEW WITH FIRE OFFICERS (NAME/DATE)

\_\_\_\_\_

RECOMMENDED FOR MEMBERSHIP APPROVAL:    YES    NO

\_\_\_\_\_

INTERVIEW WITH EXEC BOARD MEMBER (NAME/DATE)

\_\_\_\_\_

RECOMMENDED FOR MEMBERSHIP APPROVAL:    YES    NO

\_\_\_\_\_

**Fire Membership:**

Date of Orientation (signed/date) \_\_\_\_\_

Has Fire Gear been issued to new member (signed/date) \_\_\_\_\_

Has pager been issued to new member (signed/date) \_\_\_\_\_

**EMS Membership:**

Date of Orientation (signed/date) \_\_\_\_\_

Has Gear/Uniforms been issued to new member (signed/date) \_\_\_\_\_

Has pager been issued to new member (signed/date) \_\_\_\_\_

Has preceptor been signed, if required (signed/date) \_\_\_\_\_