

Lower Frederick Fire Company  
Application for Membership



Date of Application \_\_\_\_\_

**Applicant Information**

Name \_\_\_\_\_  
Last Suffix First Middle

Present Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Social Security No. \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status  Married  Single

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

If your emergency contact is unavailable, whom should we contact:

\_\_\_\_\_

**References**

(Please list 3 individuals not related to you)

Name	Phone Number	Years Known

**Employment**

Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

**Background**

Drivers License No. \_\_\_\_\_ Vehicle Year/Make/Model \_\_\_\_\_

License Plate No. \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No (If yes, explain)

Have you ever been convicted of D.U.I.?  Yes  No (If yes, explain)

Have you ever been convicted, fined or incarcerated as a result of a felony or misdemeanor or; are you currently on probation as a result of a conviction for a felony or misdemeanor?  Yes  No (If yes, explain)

## Education

High School	Years Attended From _____ To _____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
College	Years Attended From _____ To _____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Years Attended From _____ To _____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No

## Community Service

Name of Organization	Dates of Service From _____ To _____	Positions Held	Name/Number of Contact
Name of Organization	Dates of Service From _____ To _____	Positions Held	Name/Number of Contact

## Medical Information

Name of Primary Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

General Health    Excellent    Good    Fair    Poor

Do you have any physical impairment or medical condition which would in any way affect your ability to perform the duties as a firefighter?    Yes    No (If yes, explain)

The following section **MUST** be completed by all applicants who are not 18 years of age.

I/We the parents/legal guardian of \_\_\_\_\_ herby give my/our consent of the above applicant to participate in the activities of the Lower Frederick Fire Company. I/We understand that this participation will be limited by State Law and company Standard Operating Guidelines until the member reaches the age of 18.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** ALL APPLICANTS FOR JUNIOR MEMBERSHIP MUST BE ACCOMPANIED BY WORKING PAPERS.

### NOTES FOR ALL APPLICANTS

Once you have submitted this application, it will be reviewed by the officers of the Lower Frederick Fire Company. You will receive notice of your application acceptance or rejection within 45 days of receipt of your application. Once you have been accepted for membership, you will become a probationary member subject to certain requirements and restrictions specified in the Standard Operating Guidelines. The above probationary period will not be less than 45 days regardless of previous experience. During this period you will be required to pass a physical examination and submit a written record of this exam to our Fire Chief. Within the first year of your membership you will be required to attend and successfully complete the Essentials of Fire Fighting course (or equivalent) if you have not already done so. You will also be required to complete any and all other requirements as deemed necessary by the Lower Frederick Fire Company.

### AUTHORIZATION STATEMENT

I do hereby authorize the Fire Chief of the Lower Frederick Fire Company or his/her designee to contact any or all of the references listed on this application and to have released to him/her any and all information concerning my background (both juvenile and adult), including but not limited to Police and driving records. I understand that this information is necessary in order for the Officers of the Lower Frederick Fire Company to make a decision regarding my application for membership and will become a part of my confidential file and will not be released to any outside parties or organizations without my consent. I understand that a background check will be conducted with the Lower Frederick Police Department/Pennsylvania State Police.

I have read the above statement and affirm that all information provided on this application is true and correct to the best of my knowledge. I understand that any false statement, misrepresentation or omission of fact will be grounds for immediate rejection or dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR FIRE COMPANY USE ONLY</b>	
Date of Application receipt _____	Received by _____
Date of Applicant interview _____	Conducted by _____
Background investigation _____	Conducted by _____
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
Comments:	