

POINT PLEASANT FIRE COMPANY #1

Application for Volunteer Membership

Application Date:

APPLICANT INFORMATION			
Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Social Security No.			
Position Applied for <input type="checkbox"/> Active Firefighter <input type="checkbox"/> Contributing Firefighter <input type="checkbox"/> Fire Police <input type="checkbox"/> Other: Explain _____			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever applied to this department? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

CURRENT EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title			
From:		To:	Rate / Salary \$
May we contact your supervisor for a reference?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

MILITARY SERVICE

Branch		From:	To:
Rank at Discharge	Type of Discharge	Reason for Leaving	

If other than honorable, explain:

PREVIOUS FIRE SERVICE EXPERIENCE:

TRAINING

Please list Fire Service related training & experience. Please attach all current certificates, licenses, etc.

Course	Date
Course	Date
Course	Date
Course	Date
Course	Date
Course	Date
Other Exp.	
Other Exp.	

EMERGENCY CONTACT

Full Name	Relationship
Phone 1 ()	Phone 2 ()
Address	

OTHER PERTINENT INFORMATION		
What class drivers license do you possess?	DL #	State:
Do you have experience driving large trucks?	(Y / N) If Yes, please explain	
Do you have any physical limitations that would prevent you from performing fire-fighting activities?	(Y / N) If Yes, please explain	
Do you have any allergies?		
What, if any, medications are you currently taking?		
Please list any known medical conditions.		
Have you received and read the Bylaws and Standard Operating Procedures of the Point Pleasant Fire Company? (Y / N)		

INTERVIEW INFORMATION	
Date of Interview by Committee:	
Interview Committee Members:	
Comments:	
Date Voted on by Company:	Accepted / Rejected

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties. I consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examination as may be required by the company as a condition of my employment, and I hereby give my consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.</p> <p>I also hereby permit the Department of Transportation, State Police, Plumstead Township Police Department, Solebury Township Police Department or any other government agency to perform and furnish a copy of my driver's record, criminal background check, child abuse clearance check, or credit history to Point Pleasant Fire Company</p>	
Signature	Date
Parent Signature if under 18 years old	Date
Name:	
Signature:	