

Quentin / Mount Gretna Fire Companies

West Cornwall Twp. Application For Membership

Membership Desired Regular__ Junior__ Contributing__ Fire Police__

Last Name _____ First Name _____ Middle Name _____

Address _____

How Long? Yrs Mos.

Previous Address If At Current <1 Yr _____

Home Phone() _____ Cell Phone() _____

D.O.B. - - SSN - - _____

Drivers License # _____ State _____ Class _____

Email Address _____

Please Attach A Copy Of License, Photo ID etc.

Employment History

Current Employer _____ How Long? Yrs. Mos. _____

Address _____ Phone() _____

Job Title / Description _____

Previous Employer _____ How Long? Yrs. Mos. _____

Address _____ Phone() _____

Job Title / Description _____

Reason For Leaving _____

References

(List only references who have definite knowledge of your qualifications for the position of application. Do not list relatives, former employers, persons living outside the U.S.)

Name _____ Phone # _____ Yrs. Known _____ Best Time To Call _____

1 _____

2 _____

3 _____

Firefighting / Emergency Services Experience

(Include date, organizations names, addresses and phone numbers. Attach copies of certificates.)

Medical Conditions

Do you currently have any medical conditions that would prevent you from performing any firefighting duties? YES_____ NO_____ If yes please explain

Criminal Background

Have you ever been arrested for a crime (including traffic violations) and / or do you have any criminal charges against you YES_____ NO_____ If yes, please explain

DATE APPLICATION RECEIVED_____

FINDINGS OF THE INVESTIGATION COMMITTEE,

FAVORABLE_____ UNFAVORABLE_____

SIGNATURE OF INVESTIGATING COMMITTEE_____

DATE OF VOTE FOR PROBATIONARY MEMBERSHIP_____ YES__ NO__

DATE OF VOTE FOR ACTIVE MEMBERSHIP_____ YES__ NO__

Emergency Contact Info

In Case Of An Emergency Notify_____

Phone # 1 () _____ - _____

Phone # 2 () _____ - _____

Relationship Of Emergency Contact_____

Beneficiary Information

Primary Beneficiary_____ Relationship_____

Address_____

City_____ State_____ Zip_____

Phone () _____ - _____ SSN _____ - _____

Secondary Beneficiary_____ Relationship_____

Member Signature_____ Date_____



To Be Completed By Parent/Guardian of Minors

For applicants under 18 years of age, parental or guardian consent is required. Also there is a state law (P.L. 286 No. 177) requiring applicant to have working papers. Please attach copy of papers to application.

I _____ the parent or guardian of _____ do hereby consent to him or her becoming a member of the Quentin / Mount Gretna Volunteer Fire Companies.

Signed _____

Date _____

Please read and sign below

As an applicant of the QUENTIN / MOUNT GRETNA FIRE COMPANIES, I do hereby agree to abide by all organization By-Laws set forth. Furthermore, I do understand that I must follow directions from instructors and all company officers. I also agree to permit the QUENTIN / MOUNT GRETNA FIRE COMPANIES to make all necessary inquiries and investigations relating to validity of these statements which I have made on this application. I shall at all times endeavor to the best of my ability to serve, protect, and better the organization of the QUENTIN / MOUNT GRETNA FIRE COMPANIES.

I also understand that misrepresentation of the facts may be cause for dismissal or rejection of this application.

Applicant Signature _____ Date _____

QUENTIN / MOUNT GREтна FIRE COMPANIES

Authorization for Background Check

I, (print name) _____, do hereby authorize the membership committee of Quentin / Mount Gretna Fire Companies of West Cornwall Township, Lebanon County to conduct a criminal and/or driving background check on me. I understand that the results, if deemed necessary by said committee, will be presented to the full membership of said fire companies for the purpose of voting on my application, for membership into said fire companies. I also understand that if I do not give my permission to have these checks done that it may hinder my acceptance into the said fire companies.

Social Security Number _____

Applicant Signature _____

Witness _____

Date _____