

POINT PLEASANT FIRE COMPANY #1

Application for Volunteer Membership

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ ZIP _____
Phone _____ E-mail Address _____
Social Security No. _____ Date of Birth: _____

Position Applied for Active Member Contributing Member Support Member Other: Explain _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever applied to this department? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain _____

EDUCATION

High School _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____

College _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____

Other _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____

REFERENCES

Please list three references.

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

May we contact your supervisor for a reference? YES NO

MILITARY SERVICE

Branch From

Rank at Discharge Type of Discharge Reason for Leaving

If other than honorable, explain

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

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)

DISCLAIMER AND SIGNATURE

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.

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

Signature

Date

INTERVIEW INFORMATION

Date of Interview by Committee:

Interview Committee Members:

Comments:

Date Voted on by Company:

Accepted / Rejected