

SAEGERTOWN VOLUNTEER FIRE DEPARTMENT

Application for Membership

Post Office Box No. 164 | Saegertown, PA 16433 | 814.763.1111 | www.saegertownfiredepartment.com

Applicant Information

Name *First, M.I., Last* Date of Birth

Street Address Age

City State Zip Phone Number

Do you currently possess a valid PA State Drivers License? Yes No DL Number

Employment Information

Employer Name Working Hours.....

Street Address Supervisor

City State Zip Phone Number

General Information

Have you ever been convicted or adjudicated of a crime (not including traffic offenses)? Yes No

If yes, explain

Are there any violations noted on your current drivers license? Yes No

If yes, explain

Do you have any physical conditions that prevent you from doing certain types of work? Yes No

If yes, explain

Are you under a doctor's care for any reason? Yes No

If yes, explain

Have you ever been a member of another fire department? Yes No

If yes, which department? Years of Service

Have you ever been rejected membership by another fire department? Yes No

If yes, which department?

List any fire fighting or EMS experience or qualifications

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Courage ★ Commitment ★ Community

SAEGERTOWN VOLUNTEER FIRE DEPARTMENT

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Applicant Name

Emergency Contact Information

Name Relationship

Phone Number (home) Phone Number (mobile)

Personal References

Name Relationship

Address Phone Number

Name Relationship

Address Phone Number

Name Relationship

Address Phone Number

Briefly describe your reasons for joining the Saegertown Volunteer Fire Department

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Certification and Authorization

I,, hereby certify that all information contained on this application is true and complete to the best of my knowledge. By signing this application, I am authorizing the Saegertown Volunteer Fire Department, through its duly authorized representatives, to conduct a thorough and comprehensive background investigation of my personal life and work history, in order to determine my suitability for membership. *Initial*

By signing this application, I am granting the Saegertown Volunteer Fire Department access to all records and I authorize the release of all information held by any individual or organization. I acknowledge and understand that should any information given on, or as a result of this application, be false, misleading or erroneous, that it may result in the rejection of my application for membership or in my discharge from the Saegertown Volunteer Fire Department. *Initial*

I agree to abide by all Bylaws, Policies and Procedures, Regulations and other directives of the Saegertown Volunteer Fire Department. I also agree to assist, to the best of my ability, in the voluntary work necessary for the operation and maintenance of the Saegertown Volunteer Fire Department. *Initial*

Signature of Applicant Date

Fire Department Use

Date Application Received Called for Interview Date of Interview

Investigating Committee

Election Date Approved Rejected - Reason for Rejection