

HERSHEY VOLUNTEER FIRE COMPANY

APPLICATION FOR MEMBERSHIP

Fire Crew:

Fire Police:

Fire Company Use Only

Received By: _____ Date: _____

Read: _____

Received/Membership: _____

Voted: _____

Received/Secretary: _____

Approve: _____ Deny: _____

Fire Company #: _____

A. General Information

1. Name _____
Last First Middle

2. Social Security Number: _____ - _____ - _____

3. Drivers License # _____ State _____ D.O.B. ____/____/____

4. Mailing Address:

No. Street City State Zip Code

5. If your mailing address is not your place of residence, Please list your place of residence:

No. Street City State Zip Code

6. Home Telephone Number: (____) - _____ - _____

7. Work Telephone Number or Alternate Contact: (____) - _____ - _____

8. Address of Workplace: _____

9. Name of Supervisor: _____

10. Normal Work Days/Hours: _____

B. Education History

1. Do you have either a High School Diploma or GED? ____ Yes ____ No

2. Schools or training

3. **Special qualifications and skills; Licenses; Skills with machines; Membership in other firefighting or professional organizations, etc.**

C. ***Work History***

List the following information for each of the employers for whom you have worked for in the last five years.

1. **Employer:**

	() -	
Name	Address	Phone #
Dates of Employment: From: _____ To: _____		
Position/Title: _____		
Supervisors Name: _____		
Reason for leaving: _____		

E. ***References***

1. List three persons who are not related to you and who have definite knowledge or your qualifications and fitness for membership in the fire company. Do not repeat names of supervisors listed above as we consider them references, unless otherwise indicated.

- 1) **Full name:**

Last	First	Middle		
Present Business/Home Address				
No.	Street	City	State	Zip Code
Phone number: () -				

- 2) **Full name:**

Last	First	Middle		
Present Business/Home Address				
No.	Street	City	State	Zip Code
Phone number: () -				

3) Full name:

Last		First	Middle	
Present Business/Home Address				
No.	Street	City	State	Zip Code
Phone number: () -				

2. Have you been convicted of a crime?

Yes No

If yes, list date, crime, and disposition for each conviction:

3. Are you currently taking prescribed medicines or under doctors care for a medical condition?

If Yes, Please explain.

F. *Certification*

I affirm that the information contained in this application is true to the best of my knowledge and belief. If I am accepted into membership, I understand that I may be required to undergo a medical examination as necessary to determine my fitness for duty. I realize that any falsification in this application constitutes grounds for rejection or termination from membership. In this connection, and unless I have indicated otherwise below, I authorize my present and past employers to cooperate with the *Hershey Volunteer Fire Company* and to release, on a confidential basis, any information regarding my employment records. I understand that all of the information given will be considered in reviewing my application and is subject to investigation. If accepted for membership, I agree to abide by the *Hershey Volunteer Fire Company* bylaws and any rules and regulations which may apply. I further understand that my membership may be terminated at any time for any reason as provided by the *Hershey Volunteer Fire Company* bylaws and rules and regulations.

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, AUTHORIZE THE HERSHEY VOLUNTEER FIRE COMPANY TO CONDUCT AN INVESTIGATION INTO MY BACKGROUND, INCLUDING BUT NOT LIMITED TO ANY RECORD OF CRIMINAL ARRESTS WHICH MAY EXIST, AND RELEASE TO THE HERSHEY VOL. FIRE COMPANY INFORMATION OBTAINED AS A RESULT OF SUCH INVESTIGATION.

I FURTHER UNDERSTAND THAT THIS INVESTIGATION WILL BE CONFIDENTIAL AND FINDINGS CONTRARY TO THE INFORMATION PROVIDED ON THE APPLICATION MAY SUBJECT ME TO PROSECUTION UNDER THE PENNSYLVANIA CRIMES CODE. I UNDERSTAND THAT THE INFORMATION WILL BE RELEASED TO THE APPROPRIATE OFFICERS OF THE HERSHEY VOL. FIRE COMPANY WHEN THE INVESTIGATION IS COMPLETED.

I, _____, VERIFY THAT THE INFORMATION SET FORTH IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSIFICATION CONTAINED IN THIS APPLICATION SHALL RESULT IN DENIAL OR TERMINATION OF MEMBERSHIP. THIS VERIFICATION IS MADE SUBJECT TO THE PENALTIES OF SECTION 4904 OF THE CRIMES CODE OF PENNSYLVANIA (18 PA. C. S. 4904) RELATING TO UNSWORN FALSIFICATIONS.

Date

Applicant's Signature

RESULTS OF CHECK

A CHECK OF THE CRIMINAL HISTORY RECORDS HELD WITHIN FILES OF THE FBI, PENNSYLVANIA STATE POLICE, HARRISBURG AREA METRO SYSTEM OR ANY OTHER LAW ENFORCEMENT AGENCY WHICH MAINTAINS CRIMINAL HISTORY RECORDS WAS CONDUCTED. THE RESULTS OF WHICH ARE INDICATED BELOW.

_____ NEGATIVE RESULTS

_____ INFORMATION ON APPLICATION IS CONTRARY TO FINDINGS.

Date

President