

Crabtree Volunteer Fire Department

1610 Latrobe Crabtree Road, P.O. Box Q

Crabtree, PA 15624

(724) 838-7734

Date Submitted: ____/____/____

Type of Membership: _____

Personal Information:

Name: _____

Phone Numbers: [Home] ____ - ____ - _____, [Mobile / Pager] ____ - ____ - _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

D.O.B.: ____ - ____ - _____ Social Security Number: ____ - ____ - _____

Driver's License Number: ____ - ____ - _____ Class: ____ Expires: ____/____ (Attach copy of Driver's License)

Date of Last Medical Physical: _____ (Attach copy if less than 1 year)

Emergency References

Emergency Contact Name: _____ Relationship: _____

Phone Numbers: [Home] ____ - ____ - _____, [Mobile / Pager] ____ - ____ - _____

Street Address: _____

City: _____ State: ____ Zip: _____

Background Information:

1. Have you ever been charged of any crimes? YES ___ NO ___

2. Have you ever been convicted of any crimes? YES ___ NO ___

(If yes to either/both of the above, please list on a separate sheet of paper and attach in a sealed envelope.)

3. List three (3) references that are not relatives:

3-1. Name: _____ Phone Number: (____)-____-_____

Address: _____ City: _____ State: ____

Occupation: _____ Years known: ____

3-2. Name: _____ Phone Number: (____)-____-_____

Address: _____ City: _____ State: ____

Occupation: _____ Years known: ____

3-3. Name: _____ Phone Number: (____)-____-_____

Address: _____ City: _____ State: ____

Occupation: _____ Years known: ____

Employment

Current Employer: _____ Phone #: _____

Position Held: _____ Supervisor's Name: _____

Date of Hire: _____

Past Employer: _____ Phone #: _____

Position Held: _____ Supervisor's Name: _____

Date of Hire: _____

Prior Membership

1. Are you now, or have you ever been, a member of any other emergency service organization? YES ___ NO ___

(If yes, please list: Name of Dept, Chief and Phone Number)

1. _____

2. _____

3. _____

2. Has any disciplinary action been taken against you in any emergency service organization? YES ___ NO ___

(If yes, please list: _____)

3. May we contact the emergency service organizations listed above? YES ___ NO ___

4. Have you experienced any serious injury or illness in the past five years which could affect your ability as a fire fighter? YES ___ NO ___

(If yes, please list: _____)

Training (PLEASE ATTACH TRAINING CERTIFICATES.)

Please describe any certifications (e.g. Firefighter 1, Emergency Medical Technician, EVOG)

Education

Highest Level of Education Obtained (High School, College, Tech School)

School Name _____

Address _____

Number of Years Attended _____

Did You Graduate? _____

I hereby submit my application for membership with the Crabtree Vol. Fire Department. I understand that the Department will perform a Pennsylvania State Police background check. I authorize the results of that investigation be presented to the members of the Department when my application is evaluated for membership. I further certify that all information provided is true to the best of my knowledge and any misstatement will be sufficient cause for dismissal from consideration for membership.

Applicant's Signature

Date

If under 18, working papers **MUST** accompany this application along with Parental Signature below.

Parental Signature

Date