

Name: _____

Date Read Into Minutes: _____

Date Moved To Active Status: _____

PERRY HI-WAY HOSE COMPANY

ACTIVE MEMBER

APPLICATION

P.H.H.C. MEMBERSHIP APPLICATION

Active Fire Member _____
Active Junior _____
EMS _____

Active Fire Police _____
Ladies Auxiliary _____
Board Member _____

Full Name: _____

Address: _____

Home Phone: _____

Business Address: _____

Business Phone: _____

Date of Birth: _____ Social Security Number: _____

Are you a U.S. Citizen? _____

Name of Beneficiary: _____

Relationship to You: _____

Beneficiary Address: _____

Have you obtained a High School Diploma or Equal? _____

Do you have a current PA Driver's License? _____
Driver's License Number _____ EXP. Date _____
Driver's License Class _____

Are you being treated for, or currently taking any medications for a disease?
If Yes,
Explain _____

Do you have any known disease or disorder of the heart, lungs, kidneys, back, joints or nervous system? _____

If yes,

Explain _____

Do you have Cancer, High Blood Pressure, or diabetes? _____

If yes, Explain

Are you being treated for alcoholism, or taking any non-prescription drugs? _____

If yes, Explain

If you have answered yes to any of the above questions, please give name and address of the physician involved as well as corresponding dates: _____

List any allergies:

Have you ever been convicted of a felony? _____

If yes, Explain

Do you have any past Firefighting/ EMS experience? _____

If Yes, Where:

How Long:

Positions Held:

Schools and Training:

Have you ever been dismissed from another Fire Department? _____

Do you fear heights? _____ Do you fear closed places? _____

Have you been explained the probation process? _____

Have you received a copy of the By-Laws and Operating Guidelines? _____

Do you understand all of the questions that you have just answered? _____

Applicant's Signature: _____

Date: _____

Are you willing to submit a physical and blood test upon acceptance? _____

THE FOLLOWING IS TO BE COMPLETED BY THE CHIEF/PRESIDENT

Date Interviewed: _____

Comments:

- copy of any training certifications
- copy of current PA Driver's License
- criminal background check