

TOWNSHIP OF CUMRU FIRE DEPARTMENT

APPLICATION for MEMBERSHIP



Affiliation:	Station: 42 <input type="checkbox"/>	Station: 56 <input type="checkbox"/>	Station: 70 <input type="checkbox"/>	Fire Police Squad: <input type="checkbox"/>
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Last Name:	First Name:	MI:	Suffix:
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Maiden Name and/or Aliases:	Race:
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Address:	City:
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State: PA	Zip Code:
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Date of Birth:	*Age:
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Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security #: - -
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Home Phone #:	Work Phone #:
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Email:

Cell #:	Carrier:	Nextel D/C #:
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Employer:	Occupation:
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Emergency Contact:	Relationship:
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Emergency Contact Phone Number:

Family Physician:	Preferred Hospital:
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Blood Type:	Medical Allergies:	Current Medication:
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Significant Past Medical History:

Firefighting Qualifications (check all that apply):

<input type="checkbox"/> Junior F/F	<input type="checkbox"/> NFPA F/F-II	<input type="checkbox"/> NFPA F/O-II
<input type="checkbox"/> F/F (no formal certification)	<input type="checkbox"/> NFPA F/F-III	<input type="checkbox"/> NFPA F/O-III
<input type="checkbox"/> NFPA F/F- I	<input type="checkbox"/> NFPA F/O-1	<input type="checkbox"/> NFPA F/O-IV

EMS/Medical Qualifications:

<input type="checkbox"/> PA 1 st Responder	<input type="checkbox"/> NREMT-P	<input type="checkbox"/> Med. Command Doc
<input type="checkbox"/> PA EMT-B	<input type="checkbox"/> PHRN	
<input type="checkbox"/> PA EMT-P	<input type="checkbox"/> HP	Date of Cert. _____

HazMat Qualifications:

<input type="checkbox"/> Operations	<input type="checkbox"/> Technician	<input type="checkbox"/> Specialist
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Radiological Qualifications (Check all that apply):

<input type="checkbox"/> Rad Asst.	<input type="checkbox"/> Rad Monitor	<input type="checkbox"/> RRT	<input type="checkbox"/> RO	<input type="checkbox"/> Rad Instructor
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Any other significant training and/or fire officers positions in the past:

INFORMATION DISCLOSURE RELEASE

I hereby acknowledge and understand that checks for criminal records will be completed on a State and National Level for the purpose of becoming a member of the Township of Cumru Fire Department. I also hereby authorize the Fire Department to ascertain any and all information which may be used to determine my suitability for a position in the Fire Department. I realize that any false statements that I may give will be cause to disqualify me from consideration as a member of the Fire Department.

Applicant's Signature: _____ Date: _____

* If under the age of eighteen (18), you must have the signature of at least one parent or guardian.

Parent or Guardian Approval: _____ Date: _____

District Fire Chief's Approval: _____ Date: _____

Fire Police Captain Approval: _____ Date: _____

Copy of: Driver's License and/or Working Papers

-----DO NOT FILL-IN-----

Assigned ID Number:	Probation Review Date:
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