



# COMMUNITY FIRE COMPANY NEW TRIPOLI, PA



7242 Decatur St.

Phone: 610-298-8174

[www.newtripolifire.org](http://www.newtripolifire.org)

## FIREFIGHTER / FIRE POLICE APPLICATION

The New Tripoli Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation.

ANNUAL DUES (\$10.00)

OR

LIFETIME MEMBER (\$150.00)

FIREFIGHTER

OR

FIRE POLICE

### PERSONAL INFORMATION

FULL NAME:	NICK NAME:
PHYSICAL STREET ADDRESS:	HOME TELEPHONE: (     )
MAILING ADDRESS:	CELLPHONE: (     )
EMAIL ADDRESS:	DATE OF BIRTH:
ARE YOU A US CITIZEN?	SOCIAL SECURITY NUMBER:
DRIVERS LICENSE STATE:	DRIVERS LICENSE NUMBER:
DO YOU HAVE A CDL LICENSE? CLASS? ENDORSEMENTS?	HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED?
MARITAL STATUS:	SPOUSE'S NAME:
NUMBER OF DEPENDENTS:	NAMES OF DEPENDENTS:

## FIREFIGHTING EXPERIENCE AND TRAINING

HAVE YOU PREVIOUSLY BEEN A MEMBER OF A FIRE DEPARTMENT?  
IF YES, LIST THE DEPARTMENTS BELOW:

DEPARTMENT	ADDRESS	FROM	UNTIL

ARE YOU A CERTIFIED FIREFIGHTER?	IF SO, WHAT LEVEL?
ARE YOU A CERTIFIED FIRE OFFICER?	IF SO, WHAT LEVEL?
HAVE YOU ATTENDED ANY OTHER FIRE OR RESCUE SCHOOLS?	IF SO, PLEASE PROVIDE A COPY OF EACH CERTIFICATE YOU HAVE RECEIVED.

## REFERENCES

ARE YOU PRESENTLY A MEMBER OF ANOTHER FIRE DEPARTMENT OR EMERGENCY MEDICAL SERVICES DEPARTMENT?

LIST ANY MEMBERS OF THE NEW TRIPOLI FIRE DEPARTMENT WITH WHOM YOU ARE ACQUAINTED:

LIST TWO (2) ADDITIONAL REFERENCES OTHER THAN RELATIVES AND OTHERS NAMED ABOVE:

NAME	ADDRESS (CITY)	TELEPHONE NUMBER	RELATIONSHIP

## EMERGENCY CONTACT INFORMATION

NAME	ADDRESS (CITY)	TELEPHONE NUMBER	RELATIONSHIP

## OUR MISSION STATEMENT

The mission of the Community Fire Company 17 New Tripoli is to respond in a safe manner to all emergencies in New Tripoli and the surrounding communities requesting assistance to help the citizens in these communities deal with all types of emergencies using any and all available resources having the utmost regard for the safety of the fire personnel and to function to the best of its abilities to limit the loss of life, the environment, and property.

## AFFIDAVIT FOR MEMBERSHIP

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date. I understand that the New Tripoli Fire Department may request an investigative report from a reporting agency or police department. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of membership it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the duties for which I may be asked. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required. *I hereby swear (or affirm), under penalty of perjury or false swearing, that I have never been convicted, pleaded no lo contender, or been found guilty of the crime of arson or its related offenses. I have never committed nor engaged in any crime of false alarms to public safety agencies. I further swear that as part of this membership application, I have made full disclosure of any and all arrests, convictions, or adjudications for any other criminal offenses. I understand that if subsequent investigation reveals that I have falsified or otherwise misrepresented the true nature of any criminal offenses that involve me, I may forfeit my membership in the above named organization and be subject to the criminal penalties for perjury or false swearing. All firefighter and fire police team members are subject to a Pennsylvania State Police background check and a Child Welfare check. Applicants residing in Pennsylvania less than ten (10) years is subject to a FBI Background check*

*Moreover, I understand that upon my termination of membership, I must return all personal protective equipment, uniforms, pagers, keys, etc.... In the event that I fail to return the items previously described, the New Tripoli Fire Department may pursue legal remedies against me.*

---

Printed Name of Applicant

---

Printed Name of Parent / Guardian of Applicant  
(If Applicant is under 18)

---

Signature of Applicant

---

Signature of Parent / Guardian of Applicant  
(If Applicant is under 18)