

Jackson Township Volunteer Fire Company

Membership Application

To become a member of the Jackson Township Volunteer Fire Company, an applicant must be at least 16 years of age and have lived in Jackson Township for a minimum of six months. The Jackson Township Volunteer Fire Company Board of Trustees reserves the right to approve or decline any special requests.

There will be a \$10.00 non-refundable application fee. There is a \$25.00 membership fee due at the time of application. If the application is not approved by the members of the fire company then the \$25.00 membership fee will be returned. The membership committee shall utilize a 30 day waiting period from the time the application is received. This time will be used to perform a criminal background check and a DHS Child Abuse History Clearance. We will also be contacting and verifying the references provided by the applicant. During this 30 day period you must pass a pre employment alcohol and drug test to be paid for by the JTVFC at a certified lab provided by the JTVFC. Once the application is approved by the membership committee, it shall be presented to the body at the next regular business meeting, held on the first Monday of every month at 7:00 pm. The applicant must be present in order to be approved as a member of the fire company.

There is a six month probationary period from the day that the application is approved. The necessary equipment will be provided at the discretion of the officers. The applicant shall be responsible for reading and following the by-laws, constitution, policy & procedures and the standard operating guidelines of the Jackson Township Volunteer Fire Company.

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Application for Membership

MUST PRINT LEGIBLY

Personal Information – Print

Name: _____ Date of Birth: _____
Mailing Address: _____ Physical Address the Same? Y N
_____ Time at Current Address: _____
Physical Address: _____
Home Phone: _____ Cell Phone: _____
Social Security #: _____ Commercial Drivers License: Y N
Class: _____ Endorsements: _____
Drivers License#: _____ Expiration Date: _____

Consistent with the Fire Company's mission of protecting the public, prior to being authorized to drive a Fire Company vehicle, you will be asked to provide relevant information concerning any suspension or revocation of your driver's license for evaluation by the Fire Company.

Employer:

Current Employer: _____ How many years: _____
Date: From _____ to _____
Address: _____
Contact Person: _____ Phone: _____

Last Employer: _____ How many years: _____
Date: From _____ to _____
Address: _____
Contact Person: _____ Phone: _____

Education: Name & Address

High School: _____

College: _____

Trade: _____

Personal References:

Known for (5) five years and not living with you. Not a relative.

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____
- 3. Name: _____ Phone: _____

U.S Military Service? _____ Rank: _____

Specialized Training/Experience that may be relevant to the Fire Company:

Have you ever been convicted of a felony or misdemeanor (please circle)? Yes or No

If yes, please explain: _____

Vehicle Information

Make: _____ Model: _____ Year: _____
Color: _____ Plate#: _____

Experience and Training

Do you have any prior firefighting or medical training (please circle)? Yes or No
If yes, please explain:

Previously held rank or title? _____

Dept Name: _____

Address: _____

Chief: _____

Phone Number: _____

Medical History

Do you have any medical conditions that may prevent you from performing essential functions of the position (please circle)? Yes or No If yes, please explain:

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"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if voted in falsified statements on this application shall be grounds for immediate dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from liability for any damage that may result from furnishing same to you."

_____ X _____
Print Applicant Name **Applicant Signature**

Date

If under 18 years of age then a parent or legal guardian must sign.

_____ X _____
Print Parent or Legal Guardian **Parent or Legal Guardian Signature**

OFFICIAL USE ONLY	
Date Application Received: _____	Type of Membership: _____
Names of Interviewers (minimum 3): _____ _____ _____	
Criminal Background Check - Date Received: _____	Criminal Record: Y N
Prior Service Verified: Y N NA	Name of Individual Spoken With: _____
The Membership Committee decision: _____ Approved _____ Denied	
Date turned over to the secretary: _____	
Membership Committee Signatures: _____ _____ _____ _____ _____	



Jackson Township Volunteer Fire Company

P. O. Box 215, Reeders, PA 18352

2176 Route 715

570-629-0162

www.jtvfc27.com

Volunteering Since 1952



APPLICANT REFERENCE RELEASE FORM

I, (print name) _____ having applied to join the Jackson Township Volunteer Fire Company, give my approval for any current or former employer, persons, firms, corporations, schools, credit agencies, government agencies, and the like to release any reference material from my records to the Jackson Township Volunteer Fire Company.

I will not hold any current or former employer, or any persons or organizations which supply responsive information liable for any information they release to the Jackson Township Volunteer Fire Company.

I understand that signing this release is not a condition for employment at the Jackson Township Volunteer Fire Company.

Signature

Date

Application will not be accepted without a signature and date.