

PLEASANT UNITY VOLUNTEER FIRE DEPARTMENT
135 John George Street
P.O. Box 197
Pleasant Unity, Pennsylvania 15676-0197
(724) 423-6179

PUVFD Use Only
Date Received:

Received by:

APPLICATION FOR MEMBERSHIP

FULL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL ADDRESS: _____

MEMBERSHIP CATEGORY: ACTIVE FIREFIGHTER JUNIOR FIREFIGHTER
 FIRE CORPS NOT SURE

Equal Employment Opportunity: The Pleasant Unity Volunteer Fire Department does not discriminate against applicants for membership on the basis of race, color, religious creed, national origin, sex, age or handicap; and there is not an unwritten policy of discrimination for membership.

Requirements for Membership:

1. Applicant must be a US Citizen and reside in Westmoreland County, Pennsylvania.
2. Applicant must be eighteen (18) years of age or older except applicants for junior firefighter who must be between the ages of fourteen (14) and seventeen (17).
3. Applicants for junior firefighter must have written parental consent and must obtain the proper working papers through your school prior to final acceptance as a probationary member.
4. Applicant may not be an active member in any other volunteer fire organization. An applicant who is currently an active member in another volunteer fire organization may not be accepted until documentation is received from previous department that active membership has been terminated.

Requirements of Members:

1. Each active and junior firefighter must complete any mandated training as required by the fire chief.
2. All active firefighter members are requested to complete the PA State Fire Academy *Essentials of Fire-fighting* curriculum.
3. All members are expected to be present at all monthly business meetings of the Department, members must be present at a minimum of six meetings in a calendar year (excused absences may be granted by the department President).
4. Active firefighter members are expected to meet minimum requirements of emergency responses and ALL membership classes are required to assist with all fundraising events of the department and also participate in other duties that benefit the department and the community.
5. All members are expected to be kind, courteous, honest, and positive representatives of the department at all times.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Nickname/Preferred Name: _____ Sex: Male Female

Date Of Birth: ____/____/____ Place Of Birth: _____

Drivers License #: _____ State: ____ Expiry: _____ License Classes: _____

Marital Status: Single Married Divorced Widowed

Children's Names & Dates of Birth: _____

Social Security Number: _____ - _____ - _____

How Long Have You Lived At Current Address: _____

Emergency Contact (In Case of Emergency, Please Notify):

Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____

Beneficiary Information (For Active and Junior Membership—If Accepted, In Case Of Death):

Primary: _____

Address: _____

Relationship: _____ Date Of Birth: _____

Contingent: _____

Address: _____

Relationship: _____ Date Of Birth: _____

MEDICAL HISTORY

Have you ever been diagnosed or do you presently have, any medical condition(s) that would affect your ability to perform the rigorous duties associated with firefighting? Yes No

Have you ever been diagnosed or do you presently have any medical condition(s) that would affect your ability to properly operate an emergency vehicle? Yes No

Do you have any medical restrictions or requirements on your drivers license? Yes No
If yes, please explain: _____

FIRE & RESCUE EXPERIENCE

Have you ever applied to or been a member of this department before? Yes No
If yes, please give dates, and the circumstances under which you left the department: _____

Have you ever served in another fire/rescue department? Yes No
If yes, please give the name and address of the department(s), dates of your service, and the circumstances under which you left: _____

List any and all offices held at previous departments or organizations: _____

Provide name and telephone number of former Chief or supervising person at previous department(s) or organizations: _____

List any fire, rescue, EMS or related classes you have taken, including where and when you took the class (include photocopies of certificates if available): _____

BACKGROUND INFORMATION

Have you ever been arrested for a felony or misdemeanor? Yes No
If yes, for what were you arrested, when, and where? _____

Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, of what were you convicted, when, and where? _____

Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor? Yes No If so, explain on the reverse side of this page.

EDUCATION

High School: _____ Highest Grade Completed: _____

Technical or Trade School (after high school): _____ Major Course or Subject: _____

College: _____ Major Course or Degree: _____

Other Education/Training: _____ Major Course or Degree: _____

Other Education/Training: _____ Major Course or Degree: _____

MILITARY SERVICE & EMPLOYMENT HISTORY

Military Service:

From: _____ To: _____ Branch: _____ Type of Discharge: _____

Present Employer: _____ Phone: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Work Address: _____ Position Held: _____
How Long With
Present Employer: _____

Previous Employer: _____ Phone: _____

Previous Supervisor: _____ Previous
Supervisor's Phone: _____

Address: _____ Position Held: _____
Date Employed
From and To: _____

REFERENCES

Please list two (2) character references whom you have known for at least three years, who are not related to you, and who are not past or present employers:

Name: _____ Phone: _____ E-Mail: _____

Address: _____

Name: _____ Phone: _____ E-Mail: _____

Address: _____

List any members of the Pleasant Unity Volunteer Fire Department with whom you are acquainted:

STATEMENT OF VERACITY

I certify that I have completed this application, and that I have given all information herein without omission of falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you give me membership with the Pleasant Unity Volunteer Fire Department. I fully understand that should an investigation disclose material misrepresentation, omissions or falsification, my application will be rejected, or, if I am a member, my membership and all rights and privileges thereof may be immediately terminated. My signature on this application indicates that I understand that the position of firefighter is physically challenging and that my membership is dependent on receipt of a favorable background investigation. I understand that I am subject to an agility test, physical examination, and a drug screening. I, _____ an applicant for the Pleasant Unity Volunteer Fire Department hereby authorize the release of any information that the department may request concerning my medical, criminal, employment, military, scholastic, or previous firefighting experience and records. Any organization or individual presented with this authorization is asked to cooperate fully with the department's investigation. Any information obtained during this background investigation will be held in strictest confidence. If signing as parent or legal guardian for an applicant to junior firefighter, I hereby acknowledge all terms above will apply to my minor child of which I have legal custody.

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____
(required if applicant is under 18 years of age)