



Paoli Fire Company

69 Darby Road

Paoli, PA 19301

Active Membership Application

1. Position(s) of interest

Firefighter ___ EMT ___ Fire Police ___

2. Personal Information

Applicant Name: _____

Date of Birth: ___/___/___ Age: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address (if less than 1 yr at current): _____

City: _____ State: _____ Zip Code: _____

Home phone: _____

Mobile phone: _____

Email address: _____

Driver's license

State: _____ Number: _____ Class: _____

3. Employment & Education History

Occupation: _____

Current Employer: _____

City: _____ State: _____ Zip Code: _____

Length of employment (years): _____

Military service: Active duty ___ Reserves ___ None ___

Branch: _____ Years: _____ Rank/Grade: _____

Discharge status: _____



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Education

a. High School

Name: _____

Location: _____

Graduation Date: _____

b. College/Technical/Trade

School Name: _____

Attendance dates: _____ Degree: _____

School Name: _____

Attendance dates: _____ Degree: _____

4. Emergency Services Experience

List all other current and former emergency services organizations (Police, Fire, EMS) where you are/were a member or employed.

Organization Name	City/State	Position or Rank	Years of service*	Contact Person (name and Phone)

Do you have PA State Firefighter I certification (or equivalent) from an accredited fire academy? Yes ___ No ___

Do you have a current EMT-B certification? Yes ___ No ___



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List/attach all emergency services certifications obtained.

5. Character References (Name/Contact info/Relationship)

- a.
- b.
- c.

6. Informed Consent

Eligibility for membership in Paoli Fire Company is subject to and contingent upon a satisfactory motor vehicle driving record, criminal background report and verification of all information provided in this application.

I understand that the Paoli Fire Company may make a thorough investigation of all data or information supplied in this application and in connection therewith, authorize any person, association, partnership, or corporation to supply all information and/or documentation pertaining to the information supplied by the applicant. This includes a criminal background check, child misconduct/abuse disclosure, motor vehicle record review, employment verification and education verification.

I agree to comply with all company safety and health standards; and to wear such protective clothing or devices during emergency responses or training as required by the company. I agree to comply with the company by-laws, house rules, chain-of command, and any other regulations that may be binding upon me should I become a member of Paoli Fire Company.

The facts provided by me on this application are true and correct to the best of my knowledge, and I understand that any false information provided by me on this application will be sufficient grounds for immediate disqualification for membership in Paoli Fire Company.

Signature of Applicant: _____ Date: _____



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For Junior Applicants Only

If the applicant is under 18 years of age at time of application, a parent or legal guardian must provide written permission for membership application. Junior applicants are required to provide a copy of PA Dept of Labor & Industry work permit issued by assigned school district with application for membership.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

<i>Fire Company Use Only</i>

Date of receipt: _____

Background Check

Date requested: _____

Reviewed: _____

Candidate Interview Date: _____

Committee members: _____

Committee Recommendation: _____

Date Presented to Membership: _____

Voting Result: _____



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Authorization for Release of Criminal Background Record, Child Abuse Clearance & Motor Vehicle Driving Record

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MIDDLE

Print All Former Names Used:

(1) _____

(2) _____

ADDRESS _____
STREET CITY STATE ZIP CODE

Number of Years as Legal Resident of Pennsylvania: _____

DATE OF BIRTH _____ Social Security Number _____

DRIVER LICENSE NUMBER _____ STATE _____

I understand that as a condition of obtaining and/or maintaining membership with Paoli Fire Company ("PFC"), it is being disclosed to me and I understand that a Consumer Report or Investigative Consumer Report may be prepared about me. An "investigative consumer report" includes information as to my character, general reputation, personal characteristics and mode of living.

I authorize PFC to procure a Consumer Report and/or Investigative Consumer Report. I hereby authorize all persons, schools, corporations, government agencies or other organizations to release information regarding my personal, employment and educational history, including law enforcement and administrative agency records, without restrictions. I understand that my consent will apply throughout my time as a member of PFC.

I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act".

Your Signature: _____ Date _____

***Parental Authorization – Complete if applicant is a minor (under age 18):**

Name of Parent/Legal Guardian (Print): _____ Signature: _____