

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:	



### **Active Membership Application**

#### 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.
	С.
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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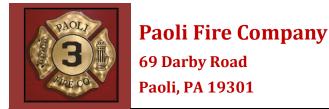
#### For Junior Applicants Only

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:	
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Fire Company Use Only				
Date of receipt:				
Background Check				
Date requested:				
Reviewed:				
Candidate Interview Date:				
Committee members:				
Committee Recommendation:				
Date Presented to Membership:				
Voting Result:				



### **Active Membership Application**

#### 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 Forn	ner Names Us	ed:		
(1)				
(2)				
	STREET	CITY	STATE	ZIP CODE
Number of Ye	ears as Legal I	Resident of Pennsylvania:		
DATE OF BIR	тн	Social Security Number		
DRIVER LICEN	NSE 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 – C	mplete if applicant is a minor (under age 18):

Name of Parent/Legal Guardian (Print):\_\_\_\_\_\_ Signature:\_\_\_\_\_\_Signature:\_\_\_\_\_\_