

MOUNT GRETNIA VOLUNTEER FIRE COMPANY

Application For Membership

Membership Desired: Regular _____ Junior _____ Contributing _____ Fire Police _____

Last Name _____ First Name _____ Middle Name _____

Address _____

_____ Length of Residence ____ YRS. ____ MOS.

Previous Address if Current is less than 1yr

Home Phone # (_____) _____ Cell Phone # (_____) _____

Date of Birth _____ Social Security Number _____

Driver's License # _____ State _____ Class _____

Please Attach a Copy of License or Photo ID

Employment History

Current Employer _____

Adress _____

Phone # (_____) _____ How Long YRS. ____ MOS. _____

Job title/ Description _____

Previous Employer _____

Address _____

Phone # (_____) _____ How Long YRS. _____ MOS. _____

Job Title/ Description _____

Reason for Leaving _____

References

*(List only references who have definite knowledge of your qualifications for the position of application.
Do not include relatives, former employers, or persons living outside of the U.S.)*

Name

Phone#

Best Time to Call

1. _____

2. _____

3. _____

Firefighter / Emergency Services Experiences

(Include date, organization name, address, and phone numbers please attach certificates)

1. _____

2. _____

3. _____

Medical Conditions

Do you have any medical conditions that would prevent you from performing any firefighting duties.

YES _____ NO _____

If yes, Please Explain

Criminal Background

Have you ever been arrested for a crime (including traffic Violations) and / or do you have any criminal charges against you.

Yes _____ No _____

Emergency Contact Information

Name: _____

Phone # 1 (_____) _____

Phone # 2 (_____) _____

Relationship Of Emergency Contact: _____

Beneficiary Information

Primary Beneficiary _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone # (_____) _____ SSN _____ - _____ - _____

Secondary Beneficiary _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone # (_____) _____ SSN _____ - _____ - _____

Member Signature _____ Date _____

Please Read and Sign Below

As an applicant of the MOUNT GRETNА VOLUNTEER FIRE COMPANY, I do hereby agree to abide by all organization By-Law set forth. Furthermore, I do understand that I must follow directions from instructors and all company officers. I also agree to permit the MOUNT GRETNА VOLUNTEER FIRE COMPANY to make all necessary inquiries and investigations relating to validity of these statements which I have made on this application. I shall at all times endeavor to the best of my ability to serve, protect, and better the organization of the MOUNT GRETNА VOLUNTEER FIRE COMPANY.

I also understand that misrepresentation of the facts may cause for dismissal or rejection of this application.

Applicant Signature _____ Date _____

To Be Completed By Parent/Guardian of Minors

For applicants under 18 years of age, parental or guardian consent is required. Also there is a state law **(P.L.286 No. 177)** requiring applicant to have working papers. Please attach copy of papers to the application.

I _____ the parent or guardian of _____ do hereby consent to him or her become a member of the MOUNT GRETNA VOLUNTEER FIRE COMPANY.

Signed _____

MOUNT GRETNА VOLUNTEER FIRE COMPANY

Authorization for Background Check

I (print name) _____, do hereby authorize the membership committee of the MOUNT GRETNА VOLUNTEER FIRE COMPANY, Lebanon County to conduct a criminal and a driving background check on me. I understand that the results, if deemed necessary by said committee, will be presented to the full membership of said fire company for the purpose of voting on my application, for membership into the said fire company. I also understand that if I do not give my permission to have these checks do that it may hinder my acceptance into said fire company.

Social Security Number _____ - _____ - _____

Applicants Signature _____

Witness _____

Date _____