



Edgmont Township Fire Company #1

Membership Application

Applicant Information

First Name

Last Name

Street Address

City

Apartment/Unit #

State

Zip Code

Social Security Number

Birth Date and Age

E-mail Address

Phone

Have you ever been arrested?

YES

NO

If yes, why?

Were you ever convicted of a felony?

YES

NO

If yes, why?

Do you have a drivers license?

YES

NO

What is your drivers license number?

Have you had any traffic violations?

YES

NO

If yes, what type?

Do you have any physical disabilities? If yes, explain:

YES NO

Are you now, or have you been a member of another fire company?

YES NO

From:

To:

Reason for leaving:

Why do you want to be a member of Edgmont Township Fire Company #1?

Do you have training in any of the following: Fire, EMS, Fire Police or EVOC? If yes, did you complete? When? (please attach certifications with this application)

EDUCATION/EMPLOYMENT

Did you graduate from High School?

YES NO

Did you graduate from college?

YES NO

What year(s) did you graduate from H.S./College?

Who are you employed by?

Work Phone:

Job Title:

Are you a Military Veteran, Reservist, or Active Duty?

YES NO

If YES, which Branch?

CLEARANCE INFORMATION

Do you have your PA State Police Criminal background clearance?

YES NO

Do you have your PA Child Abuse History clearance?

YES NO

If you have been a PA resident for less than 10 years, you will need additional clearance: FBI Criminal Background Check with Fingerprinting. If you have current clearance, please attach (if you have lived in PA 10 years or longer move to next question)

YES NO

The above referenced clearances must be renewed every 36 months. If your clearances are older than 36 months, you must renew them. (please attach current clearances)

Visit the websites below to obtain or renew your clearances:

PA Child Abuse History Clearance - <https://www.compass.state.pa.us/cwis/public/home>

PA Criminal Background Check - <https://epatch.state.pa.us/Home.jsp>

FBI Criminal Background Check - <https://www.edo.cjis.gov/#/> (fee required)

References

First Name

Last Name

E-mail Address

Phone

First Name

Last Name

E-mail Address

Phone

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to membership, I understand that false or misleading information in my application may result in my removal from the company.

If you are under 18 years of age you must have a parent or guardian sign below.

Signature:

Date:

This Section for Fire Company Selection Committee Use Only

Date Nominated

Present

Not Present

Date Elected:

Present

Not Present