

APPLICATION FOR MEMBERSHIP

Freemansburg Fire Company No. 1



**600 Monroe Street
Freemansburg, PA 18017
610.691.9559**

Fire Station 12

APPLICATION FOR MEMBERSHIP

Personal Information

Name	Last	First	MI
Address			
	City	State	ZIP
Phone	Home	Daytime	Cell
	Date of Birth	Age	Sex
			Social Security No.
Spouse or Beneficiary	Name		Phone

Employment Information

Employer	Name	Job Title	# of Years
	Address		Phone

Vehicle Information

Vehicle	Make	Model	Year	Plate No.
Driver	License No.		State	Class or CDL
	Is your license currently suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	

Criminal Background

Have you ever been convicted of a crime?

Yes

No

If Yes, Please Explain:

Do you realize that a police background check may be conducted?

Yes

No

APPLICATION FOR MEMBERSHIP

Experience

Have you ever been a member of another Fire Company? Yes No

Company Name _____ State _____

Chief Officer _____ Position Held _____

In which of the following do you have interest(s)?

Fire EMS Fire Police

List any qualifications held that would be beneficial to this company.

Are you interested in classes for further education? Yes No

Are you willing to take physical exam if necessary? Yes No

Do you realize that firefighting could result in injury or death? Yes No

Do you realize that this Fire Company is not a social club and will require you to give freely of your time to attend calls, meetings, and drills? Yes No

Are you willing to participate in fundraising and special assignments? Yes No

Please list three (3) references that know you professionally.

Name	Phone	Years Known
Address		Occupation
Name	Phone	Years Known
Address		Occupation
Name	Phone	Years Known
Address		Occupation

APPLICATION FOR MEMBERSHIP

I, _____, hereby make application to the Freemansburg Fire Company No. 1 as an active member. I am at least 18 years of age and of good character. I understand that as a member I must abide by the Constitution, By-Laws, and Standard Operating Procedures of the Freemansburg Fire Company No. 1. I further understand that any false statements in the above application can be cause for termination of my membership.

Signature

Date