

Upper Macungie Township Fire Association

Good Will Fire Company No. 1 Trexlerstown, PA

APPLICATION FOR MEMBERSHIP

The Upper Macungie Township Fire Association is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. **It is our intention that all applicants are given equal opportunity to successfully complete a six (6) month probationary period before the final decision on membership is brought to a vote by the Fire Team.**

INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature on the application.
Incomplete or illegible applications will not be processed.
2. Resumes and Certificates are accepted only as a supplement to the membership application.
3. Use blank paper if you do not have enough room on this application.
4. Applications without an affidavit signature on the last page will not be accepted.

Personal Information

Full Name:	Nick Name:
Physical Street Address:	Home Telephone: ()
Mail Address:	Business Telephone: ()
Email Address:	Cellular Telephone: ()
Date of Birth:	Place of Birth:
Are you a US Citizen?	Social Security No:
Driver License State:	Driver License Number:
Do you have a CDL License?	Has your driver's license ever been suspended or revoked?
Material Status:	Spouse's Name:
Number of Dependents:	Names of Dependents:

Firefighting Experience and Training

Have you previously been a member of a fire department?

If yes, list the departments below:

Department Name	Address	From	Until

Are you a certified firefighter?

If so, what level?

Are you a certified fire officer?

If so, what level?

Have you attended any other fire or rescue schools?

If so, please provide a copy of each certificate you have received

References

Have you previously ever applied for membership with the Good Will Fire Company No. 1, Trexlertown?

Are you presently a member of another fire department or emergency medical services department?

List any members of the Good Will Fire Company No. 1, Trexlertown with whom you are acquainted with?

List three (3) additional references other than relatives and others named above:

Name	Address	Telephone Number	Relationship

Emergency Contact Information

Name	Address	Telephone Number	Relationship

Why do you want to become a member of the Good Will Fire Company No. 1 of Trexlertown?

Medical Information

Name of physician	Address	Telephone Number
Blood Type:		Date of last Tetanus Injection:
Allergic reactions (medication, insect bites, etc.)		
Special medical problems / needs?		
If yes, please explain:		
Do you have any physical disabilities, chronic diseases, deformities or any medical conditions that may interfere with fire fighting activities?		
If yes, please explain:		
Have you or are you currently being treated for a work or fire service related injury or illness?		
If yes, please explain:		
Are you currently taking medication prescribed by a physician that may interfere or impair with fire fighting activities?		
If yes, please explain:		

Background Information

Have you ever been convicted of a crime? (Except traffic violations)				
If yes, please give the following information:				
Charged Offense	City / County	State	Date	Disposition of Case

Traffic / Driving Record

List all traffic citations and accidents that you were involved in the last three (3) years. (excluding parking tickets)			
Charged Offense	Location of incident	Date of incident	Fault found? Yes or No

Education

Institution Name	State	Date From	Date Until	Did you graduate? Yes or No

If you did not graduate from high school, did you attain a GED? Yes or No

AFFIDAVIT FOR FIRE ASSOCIATION MEMBERSHIP

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date. I understand that the Upper Macungie Bureau of Fire may request an investigative report from a reporting agency or police department. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation. I authorize the Berks/Lehigh Regional Police Department to investigate any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of membership it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the duties for which I may be asked. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required. **I hereby swear (or affirm), under penalty of perjury or false swearing, that I have never been convicted, pleaded no lo contender, or been found guilty of the crime of arson or its related offenses. I have never committed nor engaged in any crime of false alarms to public safety agencies. I further swear that as part of this membership application, I have made full disclosure of any and all arrests, convictions, or adjudications for any other criminal offenses. I understand that if subsequent investigation reveals that I have falsified or otherwise misrepresented the true nature of any criminal offenses that involve me, I may forfeit my membership in the above named organization and be subject to the criminal penalties for perjury or false swearing.**

Moreover, I understand that upon my termination of membership, I must return all personal protective equipment, uniforms, pagers, keys, etc.... In the event that I fail to return the items previously described, the Upper Macungie Township Bureau of Fire, may pursue legal remedies against me.

I fully intend to be bound hereby, by affixing my hand on this, the _____ day of _____ in the year _____.

Written Signature of Applicant

Printed Name of Applicant

Written Signature of Witness

Good Will Fire Company No. 1
Trexlertown Fire Team
Dedicated To Serving You
District 25

7723 Hamilton Blvd.
P.O. Box 13
Trexlertown PA 18087

Engine Room (610) 841-8239
FAX (610) 395-6621
Social (610) 395-9759
Station E-mail Stn25fire@gmail.com

DRIVER'S LICENSE INFORMATON FORM

The following form is for members to have their current driver's license information in our Company files.

I state that my current driver's license is valid and that the driver's license picture below is my current one. I also agree to provide my current driver's license to the Fire Chief at any time upon his request. All members will have their driver's licenses checked, and photo copied to a file on an annual basis.

Members Name _____ Date _____

**COPY OF DRIVER'S LICENSE PHOTO
IDENTIFICATION CARD
BELOW**

Good Will Fire Company No. 1
Trexlerstown Fire Team
Dedicated To Serving You
District 25

7723 Hamilton Blvd.
P.O. Box 13
Trexlerstown PA 18087

Engine Room (610) 841-8239
Fax (610) 395-6621
Social (610) 395-9759

Station E-mail Stn25fire@gmail.com

Background Check Information Form

REQUESTER FOR CRIMINAL RECORD CHECK

****PLEASE PRINT WITH LEGIBLE INK****

DATE	
REPORT REQUESTER	
FIRE STATION NAME	
ADDRESS	
CITY	
STATE	
ZIP CODE	
TELEPHONE #	

SUBJECT FOR CRIMINAL RECORD CHECK

****PLEASE PRINT WITH LEGIBLE INK****

FIRST NAME	
MIDDLE NAME	
LAST NAME	
SOCIAL SECURITY #	
DATE OF BIRTH	
SEX	
RACE	
REASON FOR REQUEST	EMPLOYMENT

BACKGROUND CHECK AUTHORIZATION SIGNATURE OF _____

Good Will Fire Company No. 1
Trexlerstown Fire Team
Dedicated To Serving You
District 25

7723 Hamilton Blvd.
P.O. Box 13
Trexlerstown PA 18087

Engine Room (610) 841-8239
Fax (610) 395-6621
Social (610) 395-9759
Station E-mail Stn25fire@gmail.com

BENEFICIARY FORM

Volunteer Firemen's Insurance Services, Inc.
Beneficiary Designation for Accident & Sickness Policy
Complete this block each time this form is used—Please Print

Name of Organization _____

Member's/Employee's Name _____

Member's Date of Birth _____ Date Member Joined _____

Complete, sign, and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to the amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy. I also hereby revoke any designation of beneficiary(ies) there under and heretofore made by me. I direct that any amounts payable under said Policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, or otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary
Beneficiary: Name _____ Relationship _____ Birth Date _____ Share _____ %

Name _____ Relationship _____ Birth Date _____ Share _____ %

Contingent
Beneficiary: Name _____ Relationship _____ Birth Date _____ Share _____ %

Name _____ Relationship _____ Birth Date _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that the payment be made to my estate. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization

Volunteer Firefighter Personal Information for FIREHOUSE software on computer at TWP office

Date: _____

Full Name: _____
Last First Middle

Address: _____

City State Zip Code

Phone: _____
Home

D.O.B. _____

Phone: _____
Work

S.S. # _____

Phone: _____
Cellular

Drivers License # _____

Exp. Date: ____/____/____

Class: _____

Date of Hire: _____

*Attach appropriate Fire Certs. Rank: _____

*Attach appropriate EMS Certs.: _____

Station #: _____

Emergency Contact

Name: _____

Relationship: _____

Home#: _____

Work#: _____

Cellular#: _____

Life Insurance Beneficiary

Name: _____

Relationship: _____

STATION # 25 PERSONAL
ACCOUNTABILITY - TAG
INFORMATION

NAME (first, middle, last):

ADDRESS:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMPLOYER:

EMERGENCY CONTACT INFORMATION:

NAME:

PHONE NUMBER(S):

NAME:

PHONE NUMBER(S):

DATE OF BIRTH:

SOCIAL SECURITY #:

FAMILY PHYSICIAN/PRACTICE:

PHONE NUMBER:

ADDITIONAL PHYSICIANS:

NAME	PHONE NUMBER	SPECIALTY

HOSPITAL PREFERENCE: 1.

2.

BLOOD TYPE:

ORGAN DONOR: YES NO

RELIGION:

ALLERGIES:

MEDICATIONS:

MEDICAL HISTORY:

BLOOD PRESSURE/PULSE:

