



Duncannon Fire Company #1 Inc
 P.O. Box 6
 101 Cumberland St
 Duncannon, PA 17020
 717-834-3234 Fax 717-834-3532



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Drivers Licence #:

Current address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Cell Phone Carrier:

Email:

Membership Type: Junior Fire Fighter Fire Police Social

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

May we contact your current employer?

EMERGENCY CONTACTS

1st Emergency Contact:

Home Phone:

Work Phone:

Cell Phone:

2nd Emergency Contact:

Home Phone:

Work Phone:

Cell Phone:

HEALTH INFORMATION

Do you have any medical conditions that may limit your ability to perform duties associated with this type of work? Yes No

If Yes, please list:

CRIMINAL HISTORY

Have you ever been arrested for or convicted of a crime? Include traffic violations. Yes No If yes, please explain.
 Arrest or conviction does not necessarily disqualify you from membership. A criminal background check will be performed.

REFERENCES

Name

Address

Phone

| PREVIOUS EMERGENCY SERVICES EXPERIENCE | | |
|---|--------------------------|---------------------|
| Please list the Name, City, State, Phone Number and any office held from a previous Fire Company membership. | | |
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| | | |
| EMERGENCY SERVICES CERTIFICATIONS | | |
| If you have completed any State or National Accredited courses in the field of Fire Fighting or EMS, please list them below and include a copy of the certificate with this application. | | |
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| | | |
| EDUCATION | | |
| Name of High School: | | |
| City: | State: | Did you graduate? |
| Diploma or GED: | Highest Grade Completed: | Major: |
| Name of College or Technical School: | | |
| City: | State: | Did you Graduate? |
| Type of Diploma: | Years Completed: | Major: |
| CERTIFICATION OF NON CONVICTION OF ARSON | | |
| Under 18 PA. Const. Stat ss3301 (h.1) , we are required to have on file the following for all members. Signing of this application shall serve as certification of non conviction. | | |
| (h.1) Prohibition on certain service. —A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under section 4 of the act of November 13, 1995 (P.L.604, No. 61), known as the State Fire Commissioner Act. Proof of nonconviction must consist of either of the following: | | |
| (1) An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions. | | |
| (2) A dated and signed statement by the person swearing to the following: | | |
| I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa.C.S. ss3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1000. | | |
| <i>The Duncannon Fire Company No. 1 inc is a non-profit 100% volunteer Organization. We do not discriminate on a basis of race, creed, religion or sex. This Organization reserves the right to reject any applicant based on falsification of information, criminal history or previous undesirable conduct while a member of another Organization.</i> | | |
| BY SIGNING THIS APPLICATION, YOU GIVE THE DUNCANNON FIRE COMPANY NO. 1, INC THE RIGHT TO VERIFY ANY AND ALL INFORMATION CONTAINED WITHIN. I AFFIRM THAT I HAVE COMPLETELY AND TRUTHFULLY ANSWERED ALL QUESTIONS TO THE BEST OF MY KNOWLEDGE. | | |
| PLEASE INCLUDE THE \$8.00 APPLICATION FEE AND \$2.00 DUES FEE WITH THIS APPLICATION | | |
| Signature: | | Date: |
| OFFICE USE ONLY | | |
| Member Accepting Signature: | | Date: |
| Member Accepting Signature: | | Date: |
| Signature of Investigator: | | Date: |
| Date Presented: | Date Accepted: | Date Off Probation: |

Authorization for Release of Information

I, _____ hereby authorize the Duncannon Fire Company or one of its authorized agents to investigate and obtain records including, but not limited to; judicial, armed services, Federal/Local/State law enforcement records, driver motor vehicle record, past emergency service organizations and any other documents, data or information deemed necessary and practical to conduct an investigation into my background, in my legal name or any past aliases I have used.

My consent is conditioned that all retrieved records by the Duncannon Fire Company shall be used only for the purpose of background investigation and/or any required compliance with Pennsylvania State Police regulations.

I also understand upon being accepted into the Duncannon Fire Company, I must also complete a Pennsylvania State Department of Human Services Child Abuse Clearance Check.

Name (Please Print): _____ Date of Birth: _____

Please List any Alias Previously used: _____

Please List any State/County/Municipality you resided in the last 10 years in shown format:

Please List any previous Emergency Service Organizations (Fire/Rescue, EMS, Local Gov.):

Social Security Number: _____

Signature: _____

Date Signed: _____