Citizen's Fire Company #1

100 Chestnut Street
Mt. Holly Springs, Pa. 17065
Phone: 717-486-5151 Fax: 717-486-8574
website: www.citizensfire36.org
email: mhsfd36@comcast.net

Membership Application

Current Information:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Current Address: _____

Date of birth: _____ **Home Phone:** _____ **Cell Phone:** _____

Social Security Number: _____ **email address:** _____

Driver Information:

Drivers License Number: _____ **Class:** _____ **Expiration Date:** _____

Emergency Contacts:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Current Address: _____

Home Phone: _____ **Cell Phone:** _____ **Relation:** _____

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Current Address: _____

Home Phone: _____ **Cell Phone:** _____ **Relation:** _____

Type of membership applying for: ___ Regular ___ Social ___ Junior ___ Auxillary ___ Fire Police

Medical History:

Have you ever had any serious injuries or illness that could affect your ability to be a firefighter? (example - high blood pressure, diabetic problems, breathing problems, etc.) Yes ___ No ___ If yes, please list the condition explaining what the illness is and any medications you are currently taking. _____

_____

Allergies to any medications or environmental conditions? List all that apply. _____

_____

Past History:

Have you ever been convicted of any crimes? Yes ___ No ___ If yes, please explain. _____

_____

_____

Are you now, or ever have been, a member of another department whether fire or EMS? Yes ___ No ___ (If yes, please list the department, number of years of membership, and fire chief's name and number)

_____

_____

Have you ever been disciplined at the department stated above? Yes ___ No ___ (If yes, please explain the events and what penalty was given) _____

_____

_____

Are you a student currently in high school, trade school, or college? Yes ___ No ___ (If yes, please list name of school, school's address, major, and years attended) _____

_____

Do you have any fire or EMS qualifications? Yes ___ No ___ (If yes, please make photo copies of all qualifications. If copies cannot be made, we will assist you. **_Also note, all copies will not be returned_**

Are you in the military? Yes ___ No ___ Rank: _____ Number of years served and branch _____

Current Employment:

Employer: _____ **Address:** _____ **City, State, Zip** _____

Phone number: _____ **Years Employed:** _____ **Name & number of Supervisor:** _____

Shift: _____ **Hours:** _____ **per week**

Briefly explain your duties at your job: _____

References:

Please list 3 references that are not related to you in any way and that you have not listed already.

Last Name: _____ **First Name:** _____

Current Address: _____

Home Phone: _____ **Cell Phone:** _____

Last Name: _____ **First Name:** _____

Current Address: _____

Home Phone: _____ **Cell Phone:** _____

Last Name: _____ **First Name:** _____

Current Address: _____

Home Phone: _____ **Cell Phone:** _____

I hereby request consideration as an applicant for membership in the Citizen's Fire Co. #1 of Mt. Holly Springs promising if elected into membership, to abide by the constitution, by-laws, and all rules and regulations. Any mis-statement will be sufficient cause for removal from the membership. I also consent to a full background investigation by Citizen's Fire Co. #1. I further certify that all information provided is true to the best of my knowledge.

_____
Applicant's Signature

If under 18 years of age, a work permit from school must accompany application

_____
Parent/Guardian Signature

Address & phone number of Parent/Legal Guardian: _____

_____

_____

There is a $20.00 administrative fee to be paid when the application is submitted (unless other arrangments have been made) that is non-refundable.

Official Use Only

Date Proposed:
Date Probation:
Date Accepted Active or Social:
Date Life Member:
6 Month Letter Sent:

Termination Date:
Investigation By:
Driver's License Check:
Background Check:
Acceptance or Denial Letter Sent: