

Lower Allen Fire Company N^o.1

Application for Membership

Date: _____

Last Name: _____ First: _____ MI: _____

Address Street: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

DOB: _____ Social Security #: _____ Sex: _____

Drivers License #: _____ - _____ - _____ Class: _____ Expires: _____

Email Address: _____

1st Emergency Contact: _____

Relation: _____ Best Phone: (____) _____

Address: _____

2nd Emergency Contact: _____

Relation: _____ Best Phone: (____) _____

Address: _____

Physician Name: _____ Phone : (____) _____

Allergies: _____

Medications: _____

Past Medical History: _____

Blood Type: _____ Blood Pressure: _____ Pulse: _____

Organ Donor: _____ Religion: _____

Briefly explain why you would like to join our Fire Company:

1) Have you ever been charged with any crimes? YES _____ NO _____
(If YES, on a separate piece of paper explain and attach in a sealed envelope.)

2) Have you ever been convicted of any crimes? YES _____ NO _____
(If YES, on a separate piece of paper explain and attach in a sealed envelope.)

3) Are you now, or have you ever been, a member of another Fire Department?
YES _____ NO _____; If Yes, please list: _____

4) Has any disciplinary action been taken against you in any other Emergency Service?? YES _____ NO _____
(If YES, on a separate piece of paper explain and attach in a sealed envelope.)

5) Is it OK to contact any of the departments listed above? YES _____ NO _____

6) Have you experienced any illness or injury in the past 5 years that may affect your ability as a firefighter?? YES _____ NO _____
(Includes: High Blood Pressure, Diabetic Issues, Breathing Problems, etc, etc.)

7) Are you or have you been a member of the US Military? YES _____ NO _____
(If YES, please include a copy of your DD214 with this application)

8) List (3) three references that are not relatives or LAFC members. All info must be completed!

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Certifications:

Please provide a copy of all certificates with this application.

	Certificate #	Date Taken
Fundamentals/Modules A,B,C,D		
Firefighter I		
Firefighter II		
Hazardous Material Awareness/Ref		
Hazardous Material Operations/Ref		
Basic Vehicle Rescue Awar/Ops/Tech		
EVOC		
Pump Operations		
Truck Operations		
ICS-100		
ICS-200		
ICS-300		
ICS-400		
ICS-700		
ICS-800		
First Responder		
EMT		
CPR		
Bloodborne Pathogens		

List any other certificates not list above:

I hereby submit my application for membership with the Lower Allen Fire Company N^o 1. I understand that the Company will perform a background investigation. I authorize the results of that investigation to be presented to the members of the Company when my application is evaluated for membership. I am including \$20.00 along with my application to be used upon my acceptance as a member. I also understand that should my application be rejected the \$20.00 will not be returned to me. I further certify that all information provided in this application is true and to the best of my knowledge and any misstatement will be sufficient cause for removal from consideration for membership.

Applicant's Signature
 If under 18, working papers MUST accompany this application.

Sponsored / Submitted By
 Current Company Member

Signature of Parent or Guardian
 If applicant is under 18.

Our Workers' Compensation Insurance carrier, Keystone Municipal Insurance Trust requires a Hepatitis C Screening for all new volunteers. You will be required to have this screening performed prior to being able to participate in any fire department activities.

All fields on this application must be completed! If the information is not complete the application will be rejected and returned.

Mailing address: Lower Allen Fire Company N^o 1
 Attn: Membership Committee
 2233 Gettysburg Road
 Camp Hill, PA 17011

Lower Allen Fire Company No. 1 is an equal opportunity employer and does not discriminate on the basis of sex, color, religion, creed, age or handicap.

Official Use Only

Date Proposed:	Date of Rejection:
Investigated By:	Reason:
Background Check:	Date Accepted:
Driver Lic. Check:	Date of Probation Review: