



Harleysville Community Fire Company
274 Kulp Road · Harleysville, PA 19438
Business Phone: 215-256-9657 · Fax: 215-256-1359
EMERGENCY: 9-1-1

Application for Membership

Type of Membership: Firefighter Fire Police Administrative/Associate

Personal Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street, PO Box, City, State and Zip Code)

Date of Birth: _____ Social Security Number: _____

Phone Number(s): _____
(Please provide a home phone number and if you have one a cell phone number)

E-mail address: _____

Driver License Number: _____ State: _____ Class: _____

Emergency Contact Information

In case of an emergency, notify: (please list a home number plus either a cell or business number)

Primary Contact: _____ Relationship: _____

Primary Contact Phone #: _____ / _____

Secondary Contact: _____ Relationship: _____

Secondary Contact Phone #: _____ / _____

Military/Work History

Military:

Branch of Service: _____ Military Service Number: _____

Dates of Service: _____ to _____

Work:

Current Employer: _____

Employer Address: _____

Employer Phone #: _____

Occupation: _____

Name of Supervisor: _____

Please list your last 3 employers and length employed:

1. _____

2. _____

3. _____

Educational Background

Please list Name and Address of School, Years Attended and Degree Received:

High School: _____

College: _____

Other: _____

Personal References

*Give the names of at least three persons not related to you who you have known for at least one year. Only one of the references may be a current member of **Harleysville Community Fire Company**.*

Name	Phone Number	Years Known
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Name	Phone Number	Years Known
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Name	Phone Number	Years Known
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Fire Service Experience

Have you ever been an active member of this or any other Fire Department? _____

If so, please give the name(s) of such affiliations and the date(s) of membership(s):

Have you ever been suspended or separated from another Fire Department? _____

If you answer **YES**, please explain the circumstances. _____

Have certifications been provided with this application? _____

Please provide agency and date completed:

Firefighter I _____

Firefighter II _____

Engine Company Ops _____

Truck Company Ops _____

Hazmat Awareness _____

Hazmat Operations _____

Hazmat Technician _____

Pump Operations _____

E.V.O.C _____

Basic Fire Police _____

Advanced Fire Police _____

General Information

Have you ever been convicted of a moving traffic violation, misdemeanor or felony? _____

If **YES**, please explain: _____

Has your driver's license ever been suspended within the last ten years? _____

If **YES**, please explain: _____

I hereby certify that the information contained herein is true, accurate, and complete to the best of my knowledge. I understand that should any information provided, or by omission, prove false, misleading, or erroneous, my application may be delayed or rejected. I understand that if accepted, I will follow all directives and orders as issued in accordance with the by-laws of the company. I consent to the release of information about my ability or background by employers, schools, law enforcement agencies, and other individuals and organizations, to the members of **Harleysville Community Fire Company**.

Signature of Applicant

Date

I release the **Harleysville Community Fire Company**, the **Lower Salford Township Police Department** and the **Commonwealth of Pennsylvania** from any and all liabilities regarding the execution of my background investigation. Initial: _____

This section must be completed for all applicants under the age of 18

I hereby certify that I am the Parent or Legal Guardian of the Applicant and that the above named individual has my permission to apply for membership and participate in Fire activities with the **Harleysville Community Fire Company** although he or she is under the age of 18 at the time.

Signature of Parent/Legal Guardian

Date

Do not write below this line.

****FOR DEPARTMENT USE ONLY****

Date Received: _____ Member receiving application: _____

Interviewer: _____ Date Interview took place: _____

Background Check Conducted by: _____ Date: _____

Membership Recommended () Not Recommended ()

Membership Approved () Not Approved () Date: _____

Comments: _____
