



Linglestown Fire Company No. 1

5831 Linglestown Road, Harrisburg, PA 17112

717-545-6801

PERSONNEL RECORD

Membership Type: Operational Participating

Date: _____ SSN# _____ - _____ - _____ Date of Birth: _____ Country, State, City Born In: _____

Name Last: _____ Name Middle: _____

Name First: _____ Name Maiden: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Mobile Phone #: _____

E-Mail Address: _____

Are you a U.S. Citizen: _____ If no, attach copy of Right to Work Visa in accordance with Immigration Reform and Control Act of 1986:

Driver's License #: _____ Driver's License State: _____ Driver's License Expiration Date: _____

Sex: Male Female Race: _____ Color Hair: _____ Color Eyes: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

Allergies: _____

Family Doctor: _____ Doctor Phone #: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Emergency Contact Address: _____

PRIOR APPLICATION

Have you ever applied to or been a member of a FIRE / EMS department in or outside of Lower Paxton Township? Yes No

If yes, please explain reason for leaving and provide contact information for an administrative officer or the Fire Chief:

PRIOR EXPERIENCE & TRAINING

Do you have any FIRE / EMS experience? Yes No

If yes, please detail current training certifications (If more space is needed, use additional sheet): _____

EDUCATION

Name and Location of Last High School Attended: _____ Grade Completed: _____

Name and Location of College / University Attended: _____ Degree: _____

Other: GED Yes No

EMPLOYER

Primary Employer (if applicable): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Name/ Title of Immediate Supervisor: _____

Your Title: _____ Time at Company: _____

PERSONAL REFERENCES

List three (3) references who are NOT related to you and who have knowledge of your qualifications and fitness of the position of volunteer firefighter. Please notify references that they will be contacted and provide a telephone number where they can be easily reached.

1. Name: _____ Business / Occupation: _____

Address: _____ Telephone #: _____

2. Name: _____ Business / Occupation: _____

Address: _____ Telephone #: _____

3. Name: _____ Business / Occupation: _____

Address: _____ Telephone #: _____

MILITARY EXPERIENCE

If yes, Please provide: Military Branch: _____ Type of Discharge? _____

If discharge was other than honorable, please detail: _____

DRIVING RECORD

Do you have a valid Pennsylvania Driver's License? Yes No

Have you ever had your driver's license suspended or revoked? Yes No

If yes, Please explain: _____

BACKGROUND CHECK INFORMATION

ANY OMISSION of arrest(s) or criminal charge(s) except court ordered removal of record, will result in a *NOT CLEARED* background check.

Have you ever been arrested, Yes No; Charged Yes No; or convicted Yes No of any crime or felony?

If yes, please give date, place, circumstances, and disposition. An explanation of the arrest(s), Charge(s), and/or conviction is required.

FOR APPLICANTS UNDER 18 YEARS OF AGE, PARENTAL CONSENT IS REQUIRED:

I, _____ Parent/Guardian (circle which) of _____

Do hereby consent to him/her becoming a volunteer member of the volunteer fire company listed, part of the Lower Paxton Township Bureau of Fire.

Signed: _____ Date Signed: _____

APPLICANT *OVER 18* SIGNATURE

I hereby affirm that this application contains no willful misrepresentation or falsification and that this information given by me is true and have been completed to the best of my knowledge and belief. I am aware that should an investigation at any time disclose my misrepresentation or falsification, this may be sufficient cause for rejection with appeal.

Signed: _____ Date Signed: _____

****FOR OFFICE USE ONLY: APPLICANTS : DO NOT COMPLETE THIS SECTION, IT IS FOR FIRE DEPT. STAFF ONLY****

BACKGROUND INVESTIGATION: Cleared: _____ Not Cleared: _____ Date: _____

Signature and Title of Approving Authority: _____

FIRE COMPANY: Accepted: _____ Rejected: _____ Date: _____

Signature of Volunteer President: _____



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Applicant's Full Name: _____

Current Address: _____

Telephone Number: _____ Date of Birth: _____

Email: _____ Social Security No: _____

TO WHOM IT MAY CONCERN:

In the course of my application for membership in the Linglestown Fire Company #1, the officers and members of the company may desire to make certain inquiries as to my background, character, and experience. It is in my interest to permit such investigations to take place by the officers: and therefore, in consideration of my desire to have all material considered, I hereby authorize the Linglestown Fire Company #1, its members and officers, and the Lower Paxton Township Bureau of Police, to make such inquiries as they deem appropriate. This includes, but is not limited to, any individual or group, institution, current or former employer, or emergency service agency. It is understood that I shall make no claim against the persons furnishing information and shall make no claim against any of the aforementioned sources of information, including the Linglestown Fire Company #1 and the Lower Paxton Township Bureau of Police, for providing or reasonably using any or all information. Also, to the best of my knowledge, all statements, and answers which I have given are true, correct, and accurate. I further understand that any misrepresentation or omission of facts may result in nullification of this application and/or subsequent membership based on its contents.

I solemnly swear that all information given in this application for membership to Linglestown Fire Company is accurate to the best of my knowledge. I also understand that if it is proven that I intentionally falsified the information provided, I may be rejected for membership without a chance for reapplication. If proof of falsification occurs after being accepted into membership, I also understand that the falsification may be grounds for my expulsion from the Linglestown Fire Company. Finally, I swear to uphold all fire company By-Laws and Standard Operating Procedures and to treat fire company property with the greatest care.

By dating and signing this application, I attest and swear 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 3301 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 \$1,000.00"

Signature of Applicant: _____ Date: _____

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____