

Whitehall Township Bureau of Fire 3219 MacArthur Blvd

3219 MacArthur Blvd Whitehall, Pennsylvania 18052 Phone: 610-437-5524 Ext. 166 Fax610-437-6963



Whitehall Fire Department Application

Date of application Volunteer position			☐ Fi	refighter	Fire Police	
For position of firef				□Egypt	☐ Cementon	
Applicant name:	Last	F	irst		M.I	
Applicant address:						
Home telephone:			Cell:			
				_		
Age:						
Emergency contact	name.					
Emergency contact						
Relationship of con						
relationship of con						
For applicants unde	er the age of 18	8:				
Mother's Name:			Father's Name:			
Mother's Address:						
Father's Address:						
Mother's Phone Nเ	ım b o rı					
Father's Phone Nur	mber:					
Your occupation:				Hours	per week	
- 1						
Employer address:						
Employer phone number:			Supervisor:			

Do you have prior Firefighting	•							
	yes, please list prior fire department(s) you were a member of: # of Years							
		# of Years						
	# of Years							
Fire, EMS Training, or Specialty training that would benefit the Department								
Please provide three reference	es not related to yo	ou:						
Name:	Phone #:		Yrs. Known:					
Name:	Phone #:							
Name:	Phone #:		Yrs. Known:					
Typical Hours of Availability:	Days:	_ Nights:						
Vehicle Information:								
PA. Driver's License Number: _		Clas	S:					
Restrictions:	_ CDL: Yes: oi	r No: If	yes Type:					
Make of Vehicle:	Model	:	Yr.:					
License plate #:								
Vehicle Insurance Company: _								
Have you been convicted of ar If yes, what year was the conv	•		□No					

A PA State Police Criminal Background Check and PA Child Abuse History Clearance is required and can be completed at no cost to the applicant.

Link to Criminal Background Check: https://epatch.state.pa.us, select "New Record Check"
Link to PA Child Abuse Clearance: https://www.compass.state.pa.us/cwis/public/home, select "Create Individual Account"

Once you receive the results, they must be forwarded to the Whitehall Township Human Resource Officer.