

Lawrenceville Fire Department



9 Mechanic St, Lawrenceville 16929

### Application for Membership

Membership desired      Firefighter/First Responder      Auxiliary      *(circle one)*

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_ *(required for criminal background check current & every 3 years)*

Address: \_\_\_\_\_ (Borough or Township) *circle one*

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

In the past 5 years, has your driver's license ever been suspended or revoked ( Yes or No ) *circle one*

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

List all Fire Departments you have been associated with, current or in the past, along with the current chief's name and phone number. (Also state reason for leaving) \_\_\_\_\_

Please list all training/certifications held \_\_\_\_\_

Please provide any medical history that may hinder you in providing emergency services \_\_\_\_\_

Please provide three (non-relative) character references that the Fire Department may contact. One reference can be a member of the Lawrenceville Fire Department.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby certify the information provided above is true and correct to the best of my knowledge. I understand if I knowingly have provided false statements, I am subject to termination of membership and any penalties prescribed by law.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All applicants must pay \$5.00 membership dues with application and are required to pay annual membership dues every February therein.**