|  |  |
| --- | --- |
| P.O. Box 6, 26 East Patterson Street  Lansford, PA 18232  Phone: (570) 645-7171  Fax: (570) 645-7171 | American Fire Co. #1  of  Lansford |

Memo

To: All members/Applicants

From: Joseph A. Greco, Fire Chief

Date: June 15, 2016

Re: Background clearances

# Effective July 1, 2015, as per Act 15 of 2015 (Child Protective Services Law) all volunteers and applicants must complete and submit the following:

# Pennsylvania State Police Criminal record Check. To be obtained at <https://epatch.state.pa.us/Home.jsp> Be sure to check on volunteer in order for the fees to be waived.

# Pennsylvania Child Abuse History Clearance. To be obtained at <https://www.compass.state.pa.us/cwis/public/home> Be sure to check on volunteer in order for the fees to be waived.

1. For persons who have resided in the Commonwealth for less than 10 consecutive years will be required to obtain an FBI criminal Background clearance. This includes fingerprinting which costs approximately $27.50 and can be obtained at <https://www.pa.cogentid.com/index.htm> Check on Department of Human Services and complete on-line forms and then you will need to go to an approved center to complete fingerprinting.

# Clearances will need to be re-submitted by all active members every 36 months. Further, if a staff member is arrested for or convicted of an offense that would constitute grounds for denying participation (drug offenses, sex crimes, etc), the staff member must provide written notice no later than 72 hours after the arrest, conviction or notification that the person has been listed as a perpetrator in the statewide database. A volunteer who willfully fails to disclose information as required above commits a misdemeanor of the third degree and shall be subject to discipline up to and including termination of a their position. Lastly, new applicants are to be advised that applications will not be processed until all clearances are completed and attached.

AMERICAN FIRE CO. NO 1

# 

# 26 E. PATTERSON ST

**PO BOX 6**

## **LANSFORD, PA 18232-0006**

**(570)-645-7171**

###### *APPLICATION FOR MEMBERSHIP*

To Whom It May Concern:

The following questions are to be answered truthfully and fully under oath or affirmation. The completed application must be returned to the American Fire Company #1 of Lansford for consideration.

You are further advised **that any false statements given in response to any questions contained herein made with the intent to mislead this department is punishable under 18 Pa.C.S. § 4904 - relating to unsworn falsification to authorities.**

Please type or write clearly in ink

Check Membership applying for: ACTIVE APPRENTICE SOCIAL

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of Residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth (city, state or country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male Female Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of School or employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your hours of employment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any physical/psychiatric disabilities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 2

Application

### TRAINING/EXPERIENCE

Did you ever belong to a branch of the armed services: Yes No

If so, please explain: (Include years of service, branch & military occupation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any firefighting experience? Yes No

If yes, what trainings have you completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to attend training sessions as designated by the department? Yes No

Were you a member of a fire company elsewhere? (If yes please list department(s), chief’s name, fire department phone# and years of membership) Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to and able to make fire calls? Yes No

Are you willing to work at fire company fundraising/social events? Yes No

#### CRIMINAL HISTORY INFORMATION

Please note that the American Fire Company #1 of Lansford will conduct a background investigation, therefore, your disclosure of all arrest information is necessary for the proper processing of this application. You are further advised **that any false statements given in response to any questions contained herein made with the intent to mislead this office is punishable under 18 Pa.C.S. § 4904 - relating to unsworn falsification to authorities. Failure to disclose such arrest information will automatically disqualify you from consideration for this program.**

Have you been arrested for any criminal offense? Yes No

If answered yes, please list the following and INCLUDE PSP background check:

Date of arrest:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of arrest (City, County, State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposition of the charges:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 3

Application

##### CRIMINAL HISTORY INFORMATION (continued)

Do you have any pending charges in this jurisdiction or any other jurisdiction? Yes No

If answered yes, please list the following:

Date of arrest:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of arrest (City, County, State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently under Court supervision in this jurisdiction or any other jurisdiction:

Yes No

If answered yes, please list the following:

Location of supervision (City, County, State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charges:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# REFERENCES

# Please include three references (not related to you):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship**  **to You** | **Address** | **Phone Number** | **Occupation** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Act 168 Certification**

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads: ***“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”*** All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of *either* of the following:

1. 1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

1. 2. By dating and signing of the following statement by the person swearing 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 herby 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”***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name (Please print or type) Applicant’s Signature Date

Page 4

Application

I am fully aware of the duties and inherent danger in being in the fire department and understand the application process and if accepted, understand the expectations of my probationary period. I also, hereby swear or affirm to the truth of each and every answer to the above questions, to the best of my knowledge, and that I fully understand that an intentional falsification as to any answer or part thereof is a crime under Pennsylvania law 18 Pa.C.S. § 4904 - relating to unsworn falsification to authorities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date Sponsor’s Signature Date

**Apprentice applications (ONLY):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FIRE COMPANY PURPOSE ONLY

Membership Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

App. Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Date accepted \_\_\_\_\_\_\_\_\_\_\_\_

Date Sworn in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rejected\_\_\_\_\_\_\_\_\_\_\_\_\_,Reason,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_