



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:** _____