

Membership Agreement Section

I have read the application and understand the contents of it. I hereby authorize the Willow Street Fire Company of Willow Street, Pennsylvania the right to thoroughly investigate my employment histories, fire department and public safety experiences, and references provided.

Further, I understand that the Fire Company may also do a criminal history background check through law enforcement agencies and computerized criminal histories at the local, state and federal levels, as well as checking my past driving history record and my social networking sites and obtain a Pennsylvania Child Abuse History Clearance.

I also understand that prior to being accepted as a member of the Fire Company that I may be requested to take any or all of the following tests if requested by the Fire Company: alcohol/drug/illegal substance test; mental competency test; physical/medical examination.

I release from liability all persons, companies, corporations and agencies supplying such background information. Furthermore, I release, indemnify and hold harmless the Willow Street Fire Company from and against any and all liability which might result from making such an investigation.

I understand that any false answer, statement or representation made by myself in this application shall constitute sufficient cause for revocation of the application or membership with the Willow Street Fire Company. I understand that membership in the Willow Street Fire Company does not constitute a contract between the Willow Street Fire Company and myself and no promises or guarantees of membership for a definite period of time have been made.

If accepted as a member of the Willow Street Fire Company, I also understand that I will be a probationary member for the first 6 months of acceptance and at the discretion of the Willow Street Fire Company, I may have my membership terminated at any point during that time period for any reason or the probationary period may be extended for an agreed amount of time in order to evaluate my performance.

I also understand that the Members of the Willow Street Fire Company reserve the right to accept or deny any application upon a vote of the Members at their regular monthly business company meeting. Failure to attach a Pennsylvania Child Abuse History Clearance will suspend your application from being acted on until it is obtained.

Finally, I understand that this application will not be processed unless it is entirely completed and submitted with the \$25 application fee, \$20 of which is non-refundable if your application is denied.

****NOTE:** If an applicant is under age 18, you must have a parent or legal guardian sign the application as well in addition to providing working papers.

By printing and signing your name below, you certify that you have read and understand the membership agreement section, certify that all information provided by you is true and correct, and allow the Willow Street Fire Company to do a complete and thorough background investigation.

Name: (printed) _____ Date: _____

Signature: _____

Parent/Guardian (if applicable)

Printed: _____ Signature: _____

Fire Company Use Only Dues Received: _____ Id #: _____

Date Received: _____ 1st Reading: _____ 2nd Reading: _____

Action Taken: Accepted: _____ Rejected: _____ Terminated: _____

Held Over (date and reason): _____

Criminal Background Check Information/References

Notice: Convictions will not necessarily disqualify applicant from membership.

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Social Security #: _____

Drivers License # _____ State: _____ Class: _____

Have you ever had your driver's license suspended: []Yes []No

Have you ever been convicted of a summary, misdemeanor, or felony crime: []Yes []No

If yes, please explain: _____

Personal references of three individuals not related to you:

1) Name: _____ Years Known: _____ Phone: _____

2) Name: _____ Years Known: _____ Phone: _____

3) Name: _____ Years Known: _____ Phone: _____

Fire Department Public Safety Organization Information

Have you ever been a member/employee of a public safety organization: []Yes []No

If yes please complete the following and provide copies of all training certificates:

Name of Organization: _____ Town/State: _____

Positions Held: _____ Number of Years: _____

Organization Contact: _____ Organization Phone #: _____

Name of Organization: _____ Town/State: _____

Positions Held: _____ Number of Years: _____

Organization Contact: _____ Organization Phone #: _____

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Positions Held: _____ Number of Years: _____

Organization Contact: _____ Organization Phone #: _____

Employment Information

May we contact your employer: []Yes []No Employer: _____

Address: _____

Phone #: _____ Supervisor: _____ Years of Service: _____

Membership Type: []Active Firefighter []Fire Police []Social

Medical Information:

Do you have any medical/physical/mental problems that would prevent you from performing fire company activities? []Yes []No

If yes, please explain: _____

Do you have any allergies or take any prescription drugs? []Yes []No

If yes, please explain: _____