

TINICUM TOWNSHIP FIRE COMPANY APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION

**POSITION APPLYING FOR: CADET(\$3.00): JUNIOR(\$3.00): ACTIVE(\$3.00): AMBULANCE(\$3.00):
FIRE POLICE (\$3.00) CONTRIBUTING MEMBER(\$7.00):**
(Please circle)
(APPLICATION FEE:\$ 2.00) (PLEASE INCLUDE THE TOTAL INCLUDING APPLICATION FEE WITH THE APPLICATION)

Name: _____

Date of birth: _____ SSN: _____ Phone: _____

Current address: _____

City: _____ State: _____ Zip: _____ How long? _____

IF LESS THEN 5 YEARS LIST PREVIOUS RESIDENCES WITHIN LAST 5 YEARS

Address: _____

City: _____ State: _____ Zip: _____ How long? _____

Note: If more room is needed please use back of this page.

EDUCATION INFORMATION

Highest level of education: High School College Other

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Graduate: YES NO Date: _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____ How long? _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____

IF ABOVE IS LESS THAN 5 YEARS LIST PREVIOUS EMPLOYER

Employer: _____

Address: _____ How long? _____

City: _____ State: _____ Zip: _____

IN CASE OF EMERGENCY WHO DO YOU WANT US TO CONTACT

Name: _____ Relationship: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

LIST 3 REFERENCES NOT LIVING WITH YOU

Name	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

DRIVING RECORD

Are you a licensed driver? YES NO

If yes what state: _____ License #: _____ CDL? YES NO

List any restrictions _____

Have you had your license suspended or revoked in the in the past 3 years? YES NO

If yes please explain on back. _____

Note: You must supply a copy of your driver's license with this application.

COURT RECORD

Have you ever been arrested, convicted of a felony or misdemeanor or had a court ordered judgments against you? Y N

If yes please explain on back of this page. _____

EMERGENCY SERVICES EXPERIENCE

Have you ever been a member of another Fire, Ambulance or other Emergency Services organization? YES NO

If yes list Name, Address and Phone # of organization also list dates of membership and offices held: _____

Have you ever had any Fire, Rescue or Ambulance Training? YES NO

If yes please provide documentation. _____

Have you ever been refused membership to any Fire, Ambulance or Emergency organization? YES NO

If yes please provide name of organization and reason. _____

Have you ever been a member or applied for membership with the Tinicum Township Fire Co. or the Lester and Essington Fire Co 's YES NO

If yes please explain reason for leaving. _____

SIGNATURE

I do hereby authorize the Tinicum Township Fire Company to conduct a complete background investigation on me as a condition of my applying for Membership. I further agree that the company may use the information it obtains concerning me when there is a medical emergency involving me. I understand however, that the Tinicum Township Fire Co intends to protect the confidentiality of personal information it obtains concerning me.

Signature of applicant: _____ Date: _____

PARENTAL CONSENT FORM

NOTE: FORM TO BE COMPLETED IF APPLICANT IS LESS THAN 18 YEARS OF AGE.

As the parent/legal guardian, I hereby give my permission for _____ (Applicants name)
to become a member of the TINICUM TOWNSHIP FIRE COMPANY.

Signature of Parent/Legal Guardian: _____ DATE: _____

NOTE: WORKING PAPERS MUST BE SUPPLIED BY MINORS AND MUST BE SUBMITTED WITH THIS APPLICATION

MEDICAL HISTORY/EXAMINATION - TO BE COMPLETED BY PHYSICIAN

NAME: _____

PLEASE DESCRIBE AND GIVE DATES FOR THE FOLLOWING:

MEDICAL ILLNESSES: _____

OPERATIONS: _____

INJURIES: _____

HOSPITALIZATION, NOT ALREADY DESCRIBED: _____

ALLERGIES, INCLUDING MEDICATIONS: _____

ARE YOU PRESENTLY UNDER MEDICAL CARE? YES___ NO___ If yes, please explain: _____

IF YES, CAN YOU PROVIDE, AT THE TIME OF THE INTERVIEW, A WRITTEN MEDICAL CLEARANCE AFFIRMING YOUR ABILITY TO PERFORM UNDER THE PHYSICAL AND EMOTIONAL CONDITIONS OF AN EMERGENCY RESPONDER? YES___ NO___
If no, please explain: _____

HEIGHT: _____ WEIGHT: _____

VITAL SIGNS: BLOOD PRESSURE: _____ PULSE: _____ RESPIRATIONS: _____ TEMPERATURE: _____ BLOOD TYPE: _____

DO YOU WEAR GLASSES/CONTACT LENSES? YES___ NO___

DO YOU HAVE TROUBLE WITH YOUR HEARING? YES___ NO___

DO YOU USE TOBACCO? YES___ NO___ HOW MUCH? _____

HAVE YOU EVER HAD TB, PNEUMONIA, ASTHMA OR EMPHYSEMA? YES___ NO___

HAVE YOU EVER HAD ANY HEART TROUBLE? YES___ NO___

DO YOU HAVE HIGH BLOOD PRESSURE? YES___ NO___

HAVE YOU EVER HAD HEPATITIS? YES___ NO___

HAVE YOU EVER HAD A HERNIA? YES___ NO___

HAVE YOU EVER HAD ULCERS OR CHRONIC DIARRHEA? YES___ NO___

HAVE YOU EVER HAD KIDNEY DISEASE OR A BLADDER INFECTION? YES___ NO___

HAVE YOU EVER HAD A BACK PROBLEM? YES___ NO___

DO YOU HAVE DIABETES? YES___ NO___

ARE YOU SUBJECT TO SEIZURES? YES___ NO___

IF YES EXPLAIN? _____

IS THERE ANY WORK OR ACTIVITY YOU CANNOT PERFORM FOR ANY PHYSICAL REASON? _____

HAVE YOU EVER BEEN TREATED FOR A WORK INJURY OR OCCUPATIONAL DISEASE? YES___ NO___

WHAT IS THE DATE OF YOUR LAST: TETANUS BOOSTER? _____ HEPATITIS B VACCINATION? _____

IS THERE ANY OTHER MEDICAL INFORMATION YOU WOULD LIKE TO ADD? _____

Note: If more room is needed please write on the back of this page.

PHYSICIAN'S NAME: _____ PHYSICIAN'S SIGNATURE: _____

** PLEASE PRINT **

ADDRESS: _____

TELEPHONE # () _____ DATE OF EXAM: _____

FIRE COMPANY ADMINISTRATION USE ONLY

NAME: _____

APPLICATION SUBMITTED (DATE): _____

DUES SUBMITTED: YES / NO \$ _____

PHYSICAL EXAMINATION: _____

BACKGROUND INVESTIGATION: _____

COMPANY ORIENTATION: _____

COPY OF DRIVER LICENSE: _____

WORKING PAPERS (IF NEEDED): _____

PARENTAL CONSENT (IF NEEDED): _____

INTERVIEWED BY INVESTIGATING COMMITTEE: _____

APPLICANT VOTED INTO MEMBERSHIP: _____

APPLICANT PROVIDED WITH COPIES OF COMPANY BY-LAWS, REGULATIONS AND STANDARD

OPERATING PROCEDURES (SOP'S): YES _____ NO _____

BY: _____

We the Investigating Committee recommends that this applicant be approved for membership.

NAME: _____ DATE: _____

NAME: _____ DATE: _____

NAME: _____ DATE: _____

A Certification from the Department of Public Welfare is required to be submitted with this application. A certification from the Department of Public Welfare as to whether the applicant is named in the statewide database as the alleged perpetrator in a pending child abuse investigation or as the perpetrator of a founded report of an indicated report within the last five years.

Certifications may be obtained online at the following web site
<https://compass.state.pa.us/cwis/public/home>

A report of criminal history record information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police central repository contains no such information relating to that person.

Go to the following website to obtain criminal history record
<https://epatch.state.pa.us/Home.jsp>

You may not become a member of the Tinicum Township Fire Company if you have been convicted of the following offenses under the Pennsylvania Crimes Code or equivalent Federal law or law of another state:

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902b (A felony relating to prostitution and related offenses)
- Section 5903(c or d) (relating to obscene and other sexual materials and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)

A felony offense under the act of April 14, 1972 (P.L. 233, No. 64) known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding this verification.

AFFIDAVIT

I, _____, hereby apply for membership in the Tincum Township Fire Company. I hereby swear and/or affirm that I have not been convicted of any of the following offenses in the Pennsylvania Crimes Code or the laws or former laws of The United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation or under a former law of this Commonwealth:

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902b (A felony relating to prostitution and related offenses)
- Section 5903 (c) or (d) (relating to obscene and other sexual materials and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)

A felony offense under the act of April 14, 1972 (P.L. 233, No. 64) known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding this verification.

I have _____ (have not _____) resided in the Commonwealth of Pennsylvania continuously for the previous ten years.

These statements are true and correct subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

Date: _____ Applicant: _____