

Orwigsburg Fire Department

Friendship Hose Co. #1

Membership Application

membership@orwigsburgfire.com

Instructions:

- (1) Type or Print Clearly
- (2) Complete the application fully including the criminal background release. (Only one reference may be a company member)
- (3) Place the completed application and forms, along with \$8.00 payable by check or money order (\$3.00 preparation fee and \$5.00 for the first years dues) in a sealed envelope addressed to:

Friendship Hose Company #1
Attn: Membership Secretary
PO Box 205
Orwigsburg, PA 17961

NOTICE: Incomplete applications (including Criminal Background form) **will not** be eligible for consideration and will be returned to the applicant. Criminal background checks will be performed on all new members at the OFD's expense. There is a one month waiting period from the time the application is presented at a meeting until a new member can be voted in at the next meeting. Regular Fire Company meetings are held the first Thursday of each month at 8:00 P.M.

Date of Application: ____/____/____

Application for: (Check all that apply)

___ Firefighter ___ Fire Police ___ Associate ___ Other

Have you previously applied to this Department?

(If yes, please provide the date) ___ No ___ Yes Date ____/____/____

Have you previously been a member of this Department?

(If yes, please provide the date) ___ No ___ Yes Date ____/____/____

Personal Information

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ Sex: (Circle) Male Female

Social Security Number: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Email Address: _____

Applicant's Name: _____ Last four digits of SSN: _____

Drivers License Information

Drivers License Number: _____ State: _____

Class: _____ Expiration Date: ____/____/____

Current Points: _____

Has your license ever been suspended or revoked? ____ Yes ____ No

If Yes, explain in detail:

Have you received any moving violations during the past 3 years? ____ Yes ____ No

If Yes, explain in detail:

Residence History

Please list each address you have lived at for the past 10 years:

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____

Number of years living at current address: _____

Previous Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____

Number of years living at this address: _____

If necessary, list additional addresses on back of this page.

Applicant's Name: _____ **Last four digits of SSN:** _____

Employment Information

Please provide information on all employers for the past 10 years.

Current Employer: _____

Occupation: _____

Work Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____

Contact Phone : _____

Dates Employed: ____ / ____ / ____ - Present.

Previous Employer: _____

Occupation: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Contact Phone: _____

Dates Employed: ____ / ____ / ____ - ____ / ____ / ____

If necessary, please list additional employers on back of this page.

Applicant's Name: _____ Last four digits of SSN: _____

Education

	School Name	Graduation Date	Course of Study
High School			
College			
Trade School			

Military Service

Have you ever served in the Armed Forces of the United States: ____ Yes ____ No

Branch of Armed Forces: _____

Dates of Service: ____ / ____ / ____ to ____ / ____ / ____

Type of Discharge: _____

Rank at Discharge: _____

Current Membership in the Armed Forces (ie. Reserve or National Guard):

Medical Background

Do you have any physical, mental or emotional sickness, illness, disease disorder, injury, malady or condition which would prevent you from fully and safely performing the duties of a firefighter or EMT? ___ Yes ___ No

If you answered "Yes" please provide detailed information on the back of this page. A release from your physician may be required.

Applicant's Name: _____ Last four digits of SSN: _____

Emergency Services History

Please list any past or current affiliations with any Emergency Services (Fire/EMS/ Rescue): Use back of this page or additional pages if necessary.

Company / Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Contact Phone: _____ - _____ - _____

Dates: ____ / ____ / ____ - ____ / ____ / ____

Reason for leaving: _____

Company / Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Contact Phone: _____ - _____ - _____

Dates: ____ / ____ / ____ - ____ / ____ / ____

Reason for leaving: _____

Company / Department: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact: _____ **Contact Phone:** _____ - _____ - _____

Dates: ____ / ____ / ____ - ____ / ____ / ____

Reason for leaving: _____

Applicant's Name: _____ Last four digits of SSN: _____

References

List three references not already listed on this application and who are not related to you:

Reference: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Phone: _____ - _____ - _____

Relationship to you: _____ **Years Known:** _____

Reference: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Phone: _____ - _____ - _____

Relationship to you: _____ **Years Known:** _____

Reference: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ - _____ - _____

Relationship to you: _____ Years Known: _____

Applicant's Name: _____ Last four digits of SSN: _____

Criminal Background

If you answer "yes" to any question on this page, please provide detailed information on the back of this page or on additional pages as needed.

(1) Have you ever been arrested for, charged with or convicted of a criminal offense other than a minor traffic violation?

_____ Yes _____ No

(2) Have you ever been adjudicated delinquent or otherwise subject to a proceeding in a Juvenile Court or under a Youth Offender Law?

_____ Yes _____ No

(3) Are you registered or required to register on any national or state sex offender registry or similar database of sex offenders?

_____ Yes _____ No

I hereby affirm that this application contains no willful misrepresentations of falsifications and that this information given by me is true and complete to the best of my knowledge and belief.

I am aware that should investigation at any time reveal any misrepresentation or falsification, my application and membership may not be approved.

Date: ____ / ____ / ____ **Signature:** _____

Applicant's Name: _____ Last four digits of SSN: _____

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

***** TYPE OR PRINT LEGIBLY WITH INK *****

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME			
ADDRESS			
CITY	STATE	ZIP	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-				-					
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REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

- INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE.
- FEE EXEMPT NONCRIMINAL JUSTICE AGENCY
- *** DO NOT SEND CASH OR PERSONAL CHECK *****

NAME/SUBJECT OF RECORD CHECK (LAST)	(FIRST)	(MIDDLE)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING) ELDER CARE CHILD CARE SCHOOL DISTRICT
- ADOPTION/FOSTER CARE
- OTHER (SPECIFY)

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

- INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY (AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<p>REQUESTER CHECKLIST</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p align="center">*** DO NOT SEND CASH OR PERSONAL CHECK ***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p align="center">PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)</p>
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PART II: CENTRAL REPOSITORY RESPONSE ONLY *****DO NOT WRITE BELOW THIS LINE*****

<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p>INQUIRY DISSEMINATED BY</p>	<p>SID NUMBER</p>
<p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>CERTIFIED BY</p> <p align="center">(DIRECTOR, CENTRAL REPOSITORY)</p>	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.

For Fire Department Use Only

Date Application Received: _____

Investigating Committee:

1. _____
2. _____
3. _____

List name of Committee Member who completed each check:

Employer Check: _____

Military Check: _____

Reference #1: _____

Reference #2: _____

Reference #3: _____

Prior Emergency Service: _____

Attach each of the following documents:

1. PSP Criminal Background Check _____
2. Megan's Law Sex Offender Background Check _____

Decision of Investigating Committee:

- | | | |
|----------|--------------|-----------------|
| 1. _____ | Approve ____ | Disapprove ____ |
| 2. _____ | Approve ____ | Disapprove ____ |
| 3. _____ | Approve ____ | Disapprove ____ |

Date application presented at Company Meeting: ____ / ____ / ____

Status: Accepted ____ Declined ____

Applicant's Name: _____ Last four digits of SSN: _____