



# Centre Square Fire Company

*Serving Whitpain Township Since 1913*

Thank you for your interest in becoming a member of the Centre Square Fire Company. We welcome all who are interested in volunteering their time and efforts to this highly motivated fire company. Below you will find a list detailing the process that you will need to follow in order to become a member.

- ❖ Since you are taking the time to read this letter, then you have already begun your first step toward becoming a volunteer Firefighter. Please fill out this application completely and accurately. Please be sure to sign and date the application on the last page.
- ❖ Please return your completed application to an **officer** at the Centre Square Fire Company. Your application will be reviewed by the membership committee. Once your application is complete you will receive a phone call to schedule an informal interview.
- ❖ New members are voted on at every monthly meeting which occurs on the second Thursday of each month. You do not need to attend the meeting at which we will be voting on your membership.

In the event you have any questions about the application for membership, the Centre Square Fire Company, or learning more about how you can volunteer your time to our community, please call 610-272-4686 ext.7 and ask to speak with an officer or someone from the membership committee.

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Centre Square Use Only

Submitted to (CSFC member): \_\_\_\_\_ Date: \_\_\_\_\_

Application and Interview Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Date voted on at monthly meeting: \_\_\_\_\_

Voted into membership: Yes or No

## APPLICATION FOR MEMBERSHIP

◇ Fire Fighter    ◇ Junior FF (16&17 yrs.)    ◇ Fire Police    ◇ Corporate    ◇ Social

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Sex:            M F

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Are you legally authorized to work in the U.S.? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Do you have any commitments or responsibilities that might prevent you from meeting job requirements?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

4. Do you have any relatives in the Fire Department? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, who? \_\_\_\_\_

### Emergency Contact

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

### References

List three (3) people who are not related to you, that we can contact.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical

Your family doctor: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's phone #: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Weight: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

*The essential job functions of a volunteer firefighter and fire police officer in the Centre Square Fire Company include, but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights.*

**I have examined the applicant and have found them to be physically and mentally capable of performing typical firefighting activities at Centre Square Fire Company.**

\_\_\_\_\_  
Doctors Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctors Printed Name

1. Do you have any physical or health limitations that could interfere with your performance on the job for which you are applying? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes, please explain:

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

2. Are you able to successfully complete these essential functions with or without reasonable accommodations? YES \_\_\_\_\_ NO \_\_\_\_\_ Not Applicable \_\_\_\_\_

**F.F Initial:** \_\_\_\_\_

## Education and Training

1. High School: \_\_\_\_\_ Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_

2. College/Trade School: \_\_\_\_\_ Major: \_\_\_\_\_

Did you earn your degree? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Please list any skills which you feel relate to this position:

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

4. Have you received Firefighter training in the past? YES \_\_\_\_\_ NO \_\_\_\_\_

Type of Firefighter training:

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

5. Have you received first aid/EMS training in the past? YES \_\_\_\_\_ NO \_\_\_\_\_

Type of first aid/EMS training:

\_\_\_\_\_

6. Please list any Fire or EMS agencies you've belonged to in the past 5 years:

Company: \_\_\_\_\_ Officer in charge during your affiliation: \_\_\_\_\_

Company: \_\_\_\_\_ Officer in charge during your affiliation: \_\_\_\_\_

Company: \_\_\_\_\_ Officer in charge during your affiliation: \_\_\_\_\_

## **BACKGROUND INVESTIGATION CONSENT-INDIVIDUAL**

### **General Instructions**

- Provide an answer to each question. If a question does not apply, then so state by answering "Does Not Apply" or "N/A" in the space provided.
- If you require additional space, please attach a separate sheet or additional page.

### **Confidential Information**

I, \_\_\_\_\_, hereby authorize Centre Square Fire Company, Whitpain Township, and/or its agents to make an independent investigation of my background, references, character, past employment, financial records, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained herein and/or obtaining other information which may be material to my qualifications and suitability for the position or positions applied for. I understand this investigation will include a review of "consumer reports," as defined in 15 U.S.C. §1681, *et seq.* of the Fair Credit Reporting Act and hereby further authorize Centre Square Fire Company, Whitpain Township and/or its agents to access this information for use in my background investigation.

**Personal Information**

1. Please list **current residential address**:

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|                |      |       |          |         |
|----------------|------|-------|----------|---------|
| Street Address | City | State | Zip Code | Country |
|----------------|------|-------|----------|---------|

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Phone Number

2. Please list **prior residential addresses** including dates for the past 10 years (Attach a supplemental sheet if necessary).

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|                |      |       |          |         |
|----------------|------|-------|----------|---------|
| Street Address | City | State | Zip Code | Country |
|----------------|------|-------|----------|---------|

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Phone Number

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|                |      |       |          |         |
|----------------|------|-------|----------|---------|
| Street Address | City | State | Zip Code | Country |
|----------------|------|-------|----------|---------|

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Phone Number

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|                |      |       |          |         |
|----------------|------|-------|----------|---------|
| Street Address | City | State | Zip Code | Country |
|----------------|------|-------|----------|---------|

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Phone Number

**Criminal History**

1. Have you ever been convicted of a felony or misdemeanor, pled guilty or no contest to a felony or misdemeanor under the laws of any State, the United States or America or any foreign nation?       Yes  No

If yes, please provide the following information (Attach a supplemental page if necessary)

- a. Date of conviction: \_\_\_\_\_ .
  - b. State of jurisdiction of conviction: \_\_\_\_\_ .
  - c. Nature of conviction (i.e., crime convicted of): \_\_\_\_\_ .
  - d. Briefly describe circumstances that gave rise to the conviction:
- 
-

2. Have you been the subject of a criminal investigation, been granted immunity from criminal prosecution for any reason or had a criminal record or history sealed or expunged?     Yes     No

If yes, please provide the following information (Attach a supplemental page if necessary):

- a. Date: \_\_\_\_\_ .
- b. State or jurisdiction: \_\_\_\_\_ .

**Release/Discharge & Indemnification**

1. I hereby agree that Centre Square Fire Company and Whitpain Township has my consent and approval to verify the information contained herein or in any other document that I may provide to Centre Square Fire Company and Whitpain Township in connection with the investigation of my background.
2. For myself, my heirs, successors and assigns, I hereby release, waive and forever discharge Centre Square Fire Company, Whitpain Township, its agents, employees, officers and directors from any and all manner of actions, causes of actions, suits, debts, judgments, executions, claims or demands whatsoever known or unknown, in law or equity, which I ever had, now have, may have or claim by reason of complying with this request, including Centre Square Fire Company, Whitpain Township subsequent verification of the information provided herein.
3. I further agree to and hereby indemnify and hold harmless Centre Square Fire Company, Whitpain Township, its agents, employees, officers, and directors, as well as those persons to whom this information is presented from and against all claims, damages, loses, expenses and reasonable attorney's fees arising out of Centre Square Fire Company and Whitpain Township's reasonable efforts to verify the information provided herein.
4. Reproductions of this form by means of facsimile, Photostat, photocopy or similar process shall be for all intents and purposes as valid as the original documents. If for any reason this form does not serve as a valid release in a foreign jurisdiction (outside of the United States of America), I hereby agree to obtain and execute whatever necessary releases and/or documentation as Centre Square Fire Company, Whitpain Township, or its agents or employees may direct in order to allow any authorized representative of Centre Square Fire Company, and Whitpain Township and to perform a complete investigation of my background, references, character, past employment, financial records, education, criminal or police records, including those maintained by both public and private organizations and all public records.

5. I understand and hereby acknowledge that this document and the information contained hereby may be subject to disclosure to the public in accordance with the provision of the Pennsylvania Right-to-Know Law, 65 P.S. §67.101 et seq., and any other similar laws.

**Signature**

\_\_\_\_\_  
Print

\_\_\_\_\_  
Sign

Date: \_\_\_\_\_

**Background and Driving Record Check**

\_\_\_\_\_  
Driver's license #: \_\_\_\_\_ Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Expires: \_\_\_\_\_  
Vehicle make: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Whitpain Police Approval**

\_\_\_\_\_  
**Date**

## Availability and Employment History

1. What days/hours are you available to respond to emergency calls?

\_\_\_\_\_

2. Can you be available for the following training and meeting sessions?

Training- Every Monday of the month, 7:00 p.m. (active members only)

YES \_\_\_\_\_ NO \_\_\_\_\_

Meetings- Every Second Thursday of the month, 7:00 p.m. (active and corporate

members) YES \_\_\_\_\_ NO \_\_\_\_\_

3. Can you attend and complete various NFPA Fire Training Programs held at county fire academies?

YES \_\_\_\_\_ NO \_\_\_\_\_

1. Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Specific Duties:

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

2. Please list your Military Service if applicable:

Branch of Service: \_\_\_\_\_

Reserve Status: \_\_\_\_\_

3. Any mechanical, electrical or other specialized work experience?

YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please explain:

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



I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, any false statements shall be grounds for dismissal. I authorize the Centre Square Fire Company to investigate any and all information on this application, and hereby authorize the named references to disclose such information, personal or otherwise, as requested during the investigation. I agree to release all parties from liability as a result of the disclosure of the requested information. I understand that if accepted, my membership is governed by the charter, bylaws, constitution, and rules and regulations of the Centre Square Fire Company. I agree to serve a probationary period as provided by the fire company regulations. I realize that I may request to undergo a physical examination at the fire company's expense as a condition of my acceptance into the fire company. I am attaching a three dollar (\$3.00) membership fee which will be returned to me if I am not accepted into membership.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

### **Junior Firefighters**

I/We the parent(s)/guardian(s) of \_\_\_\_\_ give my/our permission for our son/daughter to apply for membership in the Centre Square Fire Company. I/We also, give permission for our son/daughter to perform in the duties and functions as required and as allowed by governing state laws. The junior firefighter applicant must obtain work permit papers as issued from the department of education of the commonwealth of Pennsylvania, which is provided by the local school district, and I/We will attach the working papers to this application. Note the junior firefighter applicant will not be permitted to take part in any function of the department until such working papers have been turned into the Membership Committee.

\_\_\_\_\_  
Parent(s)/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Printed Name