

Feasterville Fire Company
20 Irving Place Feasterville, Pa. 19053

Business Call:	Fax:	Hall Rentals:
215-953-8111	215-953-8113	215-357-1047

www.feastervillefire.com

Application for Membership

I, (print name) _____, hereby make application to Feasterville Fire Company. I understand that my acceptance or rejection is vote of the Companies members. I also understand that my membership is for no definite period and may be revoked in accordance with the Companies Constitution, Recommended Operating Procedures and By-Laws.

I authorize investigation of all the information contained in this application. This investigation may include a criminal history check, and/or a driver's license check with any appropriate authority. I understand that this application may be reviewed at any time. I also understand that, if accepted, I will be on probation for a minimum of six (6) months from the date accepted and that any misinformation contained in this application shall be cause for disciplinary action up to and including expulsion

Date _____ Signature _____

Dues \$2.00 per annum must be paid prior to your acceptance as a member.

Smoke Detectors Save Lives
911-For Emergency Call-911

Full Name _____ Date of Birth ___ / ___ / ___ SSN: _____

Position Applying For: _____ Contributing Status: _____

Position Applying For: Firefighter Emergency Medical Services Fire Police
 Auxiliary Administrative

Phone Number _____ Cell Phone _____

Present Address: _____

Years at this Address _____

Previous Address (if within the last five years) _____

_____ Years at this address _____

Drivers License Number _____ State of License _____

Driving Violations (if any) _____

Has your license ever been suspended or revoked? _____ If "YES" Please explain _____

Have you ever had a license from any other state? _____

State of Issue _____ License Number _____

Was the license ever suspended or revoked? _____ If "YES" Please explain _____

Employer

Present Employer _____

Phone Number and Supervisor's Name _____

Employer's Address _____

Years with Employer and Duties _____

Firefighting & Medical Experience

Are you currently or even been a member/applied to any fire/ems company? _____

If "YES" Name of the fire/ems company _____

Name of officer to contact and phone number _____

Fire & EMS Training Completed

(Please list locations, class, levels, expiration date, continue on back if needed)

Physical Record

Do you have any disabilities, past or present, that could affect your fire company duties?

_____ If "YES" Please Explain _____

Doctor's Name & Phone Number _____

Address _____

Are you an organ donor? _____ Blood Type? _____

Medic Alert Information _____

Allergies to Medications _____

Dates of Last Immunizations _____

Dentist Name & Phone Number _____

Address _____

Personal References

(Please list three 3 personal reference. Please only limit to one 1 relative and no fire company members.)

Name _____ Phone Number _____

Address _____

Years Known _____

Name _____ Phone Number _____

Address _____

Years Known _____

Name _____ Phone Number _____

Address _____

Years Known _____

I certify that the above information is correct and subject to verification.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interview ____/____/____

POLICE STAMP HERE

Starting Date ____/____/____

Six Month Vote ____/____/____