



104 GETTYSBURG PIKE ♦ MECHANICSBURG, PA 17055
PHONE: 717.697.9595 ♦ FAX: 717.697.9614
WEB: UPPERALLENFIRE.COM

APPLICATION FOR MEMBERSHIP

Thank you for taking an interest in the Upper Allen Township Fire Department. Before you fill out this application, there are a few things that you should know.

First, you must be 16 years of age at the time you apply for membership.

Second, in accordance with Pennsylvania State Laws, you must file working papers with the Fire Department if you are still in high school and not yet 18 years of age. Your application will not be accepted without these working papers. Working papers may be obtained in your high school office.

Third, please be honest. Great emphasis is put on honesty and all information will be kept confidential.

Fourth, if any item does not apply to you, or you do not have an answer, please write "NA" in the space provided. If you have any questions or problems with this application, please contact our membership committee at 697-9595.

Fifth, please remit \$3.00 with this application.

PART ONE

FULL NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
ADDRESS	<input type="text"/>	CITY	<input type="text"/>
TELEPHONE	<input type="text"/>	STATE	<input type="text"/>
DRIVERS LIC	<input type="text"/>	ZIP	<input type="text"/>
		SSN	<input type="text"/>
		EMAIL	<input type="text"/>

PART TWO

OCCUPATION	<input type="text"/>
EMPLOYER	<input type="text"/>
ADDRESS	<input type="text"/>

TELEPHONE

PART THREE

BENEFICIARY

RELATIONSHIP

ADDRESS

TELEPHONE

PART FOUR

PLEASE LIST ALL EMERGENCY SERVICE TRAINING CERTIFICATES RECEIVED. ATTACH COPIES OF THESE TRAINING CERTIFICATES TO THIS APPLICATION.

PLEASE LIST ALL EMERGENCY SERVICE ORGANIZATIONS THAT YOU CURRENTLY BELONG TO.

ORGANIZATION

CONTACT

TELEPHONE

ORGANIZATION

CONTACT

TELEPHONE

ORGANIZATION

CONTACT

TELEPHONE

ORGANIZATION

CONTACT

TELEPHONE

PART FIVE

IS THERE ANYTHING THAT WILL PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS AS AN ACTIVE MEMBER OF THE FIRE DEPARTMENT WITH OR WITHOUT REASONABLE ACCOMMODATION?
 YES NO IF YES, PLEASE EXPLAIN.

HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOU IN ANY EMERGENCY SERVICE ORGANIZATION? YES NO IF YES, PLEASE EXPLAIN.

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR MOVING TRAFFIC VIOLATION?
 YES NO IF YES, PLEASE EXPLAIN.

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?
 YES NO

PART SIX

PLEASE LIST THREE (3) REFERENCES OVER 18 YEARS OF AGE, WHO ARE NOT EMPLOYERS OR RELATIVES.

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE

PLEASE NAME ONE REFERENCE WHO IS A MEMBER IN GOOD STANDING WITH THE UPPER ALLEN TOWNSHIP FIRE DEPARTMENT.

NAME

PART SEVEN

TYPE OF MEMBERSHIP DESIRED ACTIVE SOCIAL

WHAT BRANCH OF THE FIRE DEPARTMENT ARE YOU INTERESTED IN? CHECK ALL THAT APPLY.

- | | |
|---|--|
| <input type="checkbox"/> FIREFIGHTING | <input type="checkbox"/> FUND RAISING |
| <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> FIRE POLICE |
| <input type="checkbox"/> FIRE APPARATUS DRIVING | <input type="checkbox"/> SUPPORT FORCE |

WHEN WOULD YOU BE AVAILABLE TO MEET WITH OUR MEMBERSHIP COMMITTEE?

PART EIGHT

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND AGREE THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR MEMBERSHIP AND, IF I BECOME A MEMBER, MAY RESULT IN MY EXPULSION WHEN DISCOVERED.

I AUTHORIZE THE UPPER ALLEN TOWNSHIP FIRE DEPARTMENT TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION AND TO MAKE INQUIRIES AS MAY BE NECESSARY (INCLUDING CONDUCTING A CRIMINAL BACKGROUND CHECK) IN ARRIVING AT A DECISION WHETHER TO ADMIT ME AS AN ACTIVE MEMBER. I HEREBY RELEASE THE UPPER ALLEN TOWNSHIP FIRE DEPARTMENT AND ALL PARTIES CONTACTED BY THE UPPER ALLEN TOWNSHIP FIRE DEPARTMENT FOR INFORMATION REGARDING THIS APPLICATION FROM ANY AND ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

FULL NAME	<input type="text"/>	DATE	<input type="text"/>
SIGNATURE	<input type="text"/>		
SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18)	<input type="text"/>		