

MEMBERSHIP APPLICATION
MONROEVILLE FIRE DEPARTMENT
STATION #4

THE INFORMATION IN THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. PLEASE PRINT OR TYPE. ALL INFORMATION REQUESTED ON THIS APPLICATION FORM IS SOLICITED FOR THE PURPOSE OF DETERMINING ABILITIES, SKILLS AND TO FACILITATE VERIFICATION OF THE INFORMATION REQUESTED.

LAST NAME	FIRST NAME	MIDDLE NAME	ALIAS
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ADDRESS	CITY	STATE	ZIP
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DAYTIME PHONE	EVENING PHONE	EMAIL ADDRESS
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DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
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TYPE OF MEMBERSHIP APPLYING FOR:

RESIDENT REGULAR ACTIVE ASSOCIATE JUNIOR/CADET

If under 18 years of age; do you have a transferable Work permit issued by your school district? () yes () no

Are you an United States citizen or authorized To work in the Unites States? (Proof required with application) () yes () no

Have you ever filed an application with this Department before? () yes () no
If yes, give date: _____

Have you had a physical examination in the past 2 years? () yes () no
If yes, give reason: _____

Do you have any significant medical problems? () yes () no
If yes, explain: _____

EDUCATION

Do you have a high school diploma or G.E.D. certificate? () yes () no

If yes, from where: _____

If no, list highest grade completed: _____

Are you a college graduate? () yes () no

If yes, from where: _____

TRAINING

Have you ever been a member of Fire, Rescue or EMS agency before? () yes () no

If yes, list last three Agencies below:

<i>Department Name</i>	<i>Address</i>	<i>Phone</i>	<i>Contact Person</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List ALL fire, rescue and EMS training you have had, include dates and location of training.

YOU MUST INCLUDE COPIES OF ALL CERTIFICATES WITH THIS APPLICATION!

OTHER QUALIFICATIONS

Describe the types of equipment you are capable of operating (machinery, vehicles, computers, etc.)

List any trade, professional or skills certificates you currently hold.

BACKGROUND

Have you *EVER* been **arrested** for a crime? () yes () no
If yes, explain below.

Have you *EVER* been **convicted** of a crime? () yes () no
If yes, explain:

NOTE: CRIMINAL ARRESTS OR CONVICTIONS WILL NOT NECESSARILY DENY ACCEPTANCE; ALL RELEVANT CIRCUMSTANCES WILL BE CONSIDERED.

REFERENCES

List three (3) references other than relatives.

<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>	<i>RELATIONSHIP</i>
1.			
2.			
3.			

CERTIFICATION, AUTHORIZATION AND AGREEMENT

“I certify that the information supplied by me on this application form is true and complete and does not contain any falsifications, omissions, or concealments of material facts. I authorize Monroeville Fire Department to investigate the truth of this information and any other information I may supply during an interview. I further authorize any school, employer, person, or agency identified by me within this form to release any and all verifying information that the Monroeville Fire Department may solicit from them. I further authorize the Monroeville Fire Department to investigate my criminal history and any other aspects of my personal history including my character and general reputation.”

“I hereby release all Law Enforcement Agencies, my former employers, all educational institutions, all programs and persons identified by me on this form from liability for any damage or injury to me arising out of the release of information requested by the Monroeville Fire Department.”

“I understand and agree that the Monroeville Fire Departments’ acceptance of this application does not constitute any promise, expressed or implied, that I will be accepted into membership with this Department.”

“I hereby acknowledge that I have read this section of the application and fully understand the meaning and effect in signing this form.”

Applicant Signature

Parent or Guardian of minor

Date

MEMBERSHIP COMMITTEE USE ONLY

Committee Member issuing application: _____

Date application issued: _____

Date application returned: _____

Date of interview notification: _____

Date of interview: _____

Comments of interview:

Recommendation of Membership Committee: ACCEPT ____ DECLINE ____

If accepted, date probation begins: _____

Probations ends: _____

If declined, explain:

PLEASE FILL OUT THE FOLLOWING PAGES AND MAIL THEM EACH WITH A
\$10 MONEY ORDER – DO NOT SEND CASH OR PERSONAL CHECK – TO:

PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

CHILDLINE AND ABUSE REGISTRY (ACT 33)
DEPARTMENT OF PUBLIC WELFARE
P.O. BOX 8170
HARRISBURG, PA 17105-8170

OR

FOR IMMEDIATE RESULTS,

GO TO THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (P.A.T.C.H.) WEBSITE
AND OBTAIN YOUR REPORT AND INCLUDE WHEN RETURNING YOUR
COMPLETED APPLICATION.

<http://www.psp.state.pa.us/patch/site/default.asp>

VISIT THE CHILDLINE AND ABUSE REGISTRY WEBSITE
TO OBTAIN AN ACT 33 CLEARANCE.

<https://www.compass.state.pa.us/cwis/public/home>

FINALLY

AS PER NEW STATE REGULATIONS IN EFFECT FROM 12/31/14, YOU MUST ALSO OBTAIN
AN F.B.I. CRIMINAL BACKGROUND CHECK (INCLUDING FINGERPRINTS). PLEASE VISIT
THIS SITE TO COMPLETE:

https://pa-aps.3m.com/perlpub/registration_welfare_pci.pl