

STRINESTOWN COMMUNITY FIRE COMPANY, INC.

5690 Susquehanna Trail

Manchester, PA 17345

717-266-1131

www.strinestownfire.com



Firefighter Membership Application

The following information is submitted for evaluation to be admitted into membership of
The Strinestown Community Fire Co., Inc.

All application and membership fees must be submitted with this application, to be processed. \$10.00 must accompany this application. \$8.00 Application fee, \$2.00 Membership fee.

All information must be provided as requested.
Signatures are required on pages 4 & 5 of this application.

PLEASE PRINT OR TYPE ALL INFORMATION

1. NAME _____
LAST FIRST MIDDLE

MADIEN NAME or ALIASES _____

2. ADDRESS _____

CITY _____ STATE _____ ZIP _____

LIST PREVIOUS ADDRESS IF AT CURRENT ADDRESS LESS THAN 5 YEARS.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

3. HOME PHONE _____ CELL PHONE _____

e-mail address _____ @ _____

4. SS# _____ DRIVERS LICENSE # _____

5. DATE OF BIRTH _____ AGE _____ SEX _____ RACE _____

6. PLACE OF BIRTH, CITY _____ STATE _____ COUNTRY _____

7. RESIDENT OF PENNSYLVANIA YES NO U.S. CITIZEN YES NO
(circle one) (circle one)

8. IF YOU DID NOT ANSWER YES TO QUESTION #7, OR HAVE BEEN A RESIDENT OF PENNSYLVANIA FOR LESS THAN 5 YEARS, LIST PREVIOUS STATE AND/OR COUNTRY OF RESIDENCY HERE. _____

9. GENERAL HEALTH CONDITION (CIRCLE ONE)

EXCELLENT

GOOD

FAIR

POOR

10. DO YOU HAVE ANY SPECIAL HEALTH CONDITIONS OR DISABILITIES THAT WE NEED TO BE AWARE OF? THIS INFORMATION WILL NOT BE USED TO DETERMINE MEMBERSHIP ELIGABILITY. (CIRCLE ONE) YES NO
IF YOU ANSWERED YES, PLEASE LIST HERE. _____

11. ARE YOU CURRENTLY ON WORKERS COMPENSATION OR HAVE A WORKERS COMPENSATION CLAIM PENDING? (CIRCLE ONE) YES NO

12. CURRENT EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ PERSON TO CONTACT _____

LENGTH OF EMPLOYMENT _____ WORK PHONE _____

13. PREVIOUS EMPLOYER (IF LESS THAN 5 YEARS) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ PERSON TO CONTACT _____

LENGTH OF EMPLOYMENT _____ WORK PHONE _____

14. REFERENCES: PROVIDE COMPLETE MAILING ADDRESS OF 3 ADULTS OVER 21. DO NOT LIST RELATIVES. DO NOT LIST MEMBERS OF THIS COMPANY.

NAME	COMPLETE ADDRESS	YEARS OF AQUAINTANCE
1. _____	_____	_____
PHONE _____	e-mail _____	
2. _____	_____	_____
PHONE _____	e-mail _____	
3. _____	_____	_____
PHONE _____	e-mail _____	

APPLICANTS STATEMENT

I, _____, do hereby apply for membership in the Strinestown
Print full name here

Community Fire Co., Inc. I certify that all the information that I have given is true and correct to the best of my knowledge. I understand that any false or misleading statements or answers that I may have given or misstated or omitted facts will be grounds for dismissal from this organization. I authorize the Strinestown Community Fire Co., Inc. and its officers or agents to make a complete investigation of any federal, state or local criminal, police or motor vehicle records that may exist concerning me. I further authorize the Strinestown Community Fire Co., Inc. and its officers or agents to contact any individual and any current or previous employer(s) or organization(s) that may also have records concerning me. **Application fees are not refundable.**

Applicants Signature (Sign here and at bottom of page 5)

 Date

NOTICE: Incomplete information will delay your application process and will be returned to you for completion. Failure for your references, employer and other organizations to return questionnaires will delay your application process. Background checks require all information requested, including FULL name, social security number, date of birth, sex, race and maiden name or aliases.

Membership fee is for current calendar year. Dues are required to be paid before the end of the February regular Fire Company meeting each year. Dues paid after this time are subject to a \$3.00 late fee if paid before December 31 of the current year. Dues that are not paid by this date will require submission of a new application with all required fees to be a member.

Article 15 of the by-laws of the Strinestown Community Fire Co. states the following:
 The Strinestown Community Fire Co. does not and shall not discriminate on the basis of age, race, sex, color, religion, and country of origin, sexual preference or disabilities.

	Fire Company Use				
Application and fee received _____	CASH	CHECK#	_____		
Background check entered _____	received _____				
Reference questionnaires mailed _____					
Recommended for membership	YES	NO	Approved for membership	YES	NO
			DATE	_____	
Membership committee	APPROVE		REJECT		
Place initials in correct column					
	_____	_____			
	_____	_____			
	_____	_____			
	_____	_____			
	_____	_____			

BG&H Investigators, LLC
AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION for
Employment/Membership

Thank you for your application with the Strinestown Community Fire Co., Inc.(Hereinafter referred to as Company.) As a condition of employment/membership, and/or continued employment/membership, that all applicants consent to and authorize a pre-employment/pre-membership verification of their background, including, but not limited to, information submitted on their application or résumé.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment/membership is true and complete to the best of my knowledge. I understand that if I am employed/granted membership, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Company may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, motor vehicle records, contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, investigate worker’s compensation claims and obtain any criminal or civil history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state or province or any information as deemed necessary to fulfill the job requirements.

I authorize BG&H Investigators, LLC and any of its agents/designated Company Personnel or affiliates, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of the Company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and Agencies to provide BG&H Investigators, LLC with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Company, its agent, BG&H Investigators, LLC, and their associates to the full extent permitted by law from claims, damages, costs, and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

Please complete the form below:

APPLICANT :

Signature		SS#:	
Name typed or printed		Date	
Address	License #	Type	State
City	State/Zip	Date of Birth	

NOTE: Birth date is used only to verify criminal and civil records and will not be used by this organization to make a hiring/membership decision.