

STRINESTOWN COMMUNITY FIRE COMPANY, INC.

5690 Susquehanna Trail

Manchester, PA 17345

717-266-1131

www.strinestownfire.com



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. \$14.00 must accompany this application. \$8.00 Application fee, \$6.00 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. 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 _____	

15. FIRE COMPANY REFERENCE. (Not Required) _____
Name of Member in this Fire Company

16. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FIRE COMPANY, EMERGENCY MEDICAL SERVICE OR SIMILAR VOLUNTEER ORGANIZATION?

CIRCLE ONE YES NO

IF SO LIST NAME OF ORGANIZATION, COMPLETE MAILING ADDRESS, CHIEF OR OFFICER IN CHARGE, DATES OF SERVICE AND ANY POSITIONS HELD

NAME _____ CHIEF OR OIC _____

ADDRESS _____

PHONE NUMBER _____

DATES OF SERVICE _____ POSITION(S) HELD _____

17. REASON(S) FOR LEAVING _____

18. PLEASE LIST ALL RELATED TRAINING COMPLETED. _____

19. HAVE YOU BEEN CHARGED OR CONVICTED OF ANY CRIMINAL ACTS? (CIRCLE ONE)

YES NO

IF YOU ANSWERED YES TO QUESTION #19, PLEASE LIST BELOW. PROVIDE NATURE OF CRIME, LIST DATE OF OCCURANCE AND PENALTY. _____

20. HAVE YOU COMMITTED ANY MOTOR VEHICLE VIOLATIONS? (CIRCLE ONE)

YES NO

IF YOU ANSWERED YES TO QUESTION #20, PLEASE LIST BELOW. PROVIDE VIOLATION(S) AND DATE VIOLATION(S) OCCURRED. _____

21. PLEASE LIST ANY MILITARY SERVICE. Branch of Service, Rank, and Date of Discharge.

TYPE OF DISCHARGE HONORABLE DISHONORABLE

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 January regular Fire Company meeting each year. Dues paid after this time are subject to a \$5.00 late fee. Any Fire Company member’s dues that are delinquent for a period of one calendar year shall be required to reapply for membership subject to all fees, costs and requirements in effect at that time.

Article 14 of the by-laws of the Strinestown Community Fire Co. states the following:
The Strinestown Community Fire Company prohibits discrimination against and harassment of any member or any applicant for membership because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.

Please provide a free volunteer PA Child Abuse History Clearance-
www.compass.state.pa.us/cwis/public/home

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 _____

BG&H Investigators, LLC

Authorization and Consent for Release of Information Employment/Membership

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

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, 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 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. I agree that any copy of this document is as valid as the original.

Please Complete the Form Below:

Name (typed or printed)	Date of Birth:	SSN:
Signature	Date:	
Address	State and License #	State
City	State	

