

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 (CIRCLE ONE)

YES

NO

IF YOU ANSWERED YES TO QUESTION #10, PLEASE LIST HERE. _____

11. CURRENT EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ PERSON TO CONTACT _____

LENGTH OF EMPLOYMENT _____ WORK PHONE _____

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

ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ PERSON TO CONTACT _____

LENGTH OF EMPLOYMENT _____ WORK PHONE _____

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

NAME	COMPLETE ADDRESS	PHONE	YEARS OF AQUAINTANCE
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1. _____

2. _____

3. _____

14. FIRE COMPANY REFERENCE. (Not Required) _____

Name of Member in this Fire Company

15. 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 _____

DATES OF SERVICE _____ POSITION(S) HELD _____

16. REASON(S) FOR LEAVING _____

17. PLEASE LIST ALL RELATED TRAINING COMPLETED. _____

18. HAVE YOU BEEN CHARGED OR CONVICTED OF ANY CRIMES? (CIRCLE ONE)

YES

NO

IF YOU ANSWERED YES TO QUESTION #17, PLEASE LIST BELOW. PROVIDE NATURE OF CRIME, LIST DATE OF OCCURANCE AND PENALTY. _____

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

YES

NO

IF YOU ANSWERED YES TO QUESTION #18, PLEASE LIST BELOW. PROVIDE VIOLATION(S) AND DATE VIOLATION(S) OCCURRED. _____

20. 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. 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. 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. 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 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. Pennsylvania State Police 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# _____

PSP check mailed _____ received _____

Reference questionnaires mailed _____

Recommended for membership YES NO Approved for membership YES NO DATE _____

Membership committee APPROVE REJECT
Place initials in correct column

