



WILLIAM PENN FIRE COMPANY

MAIN STREET AND TRENTON AVENUE
HULMEVILLE, PENNA. 1904 7

ESTABLISHED 1832

SERVING HULMEVILLE BOROUGH AND VICINITY

APPLICATION FOR MEMBERSHIP

I, (print name) _____ hereby apply for membership in the William Penn Fire Company. I understand that my acceptance is dependent upon a positive recommendation of the membership committee, followed by a vote of the company members. I also understand that my membership is for no definite period of time and may be revoked in accordance with the Company's By-Laws and SOPs. If accepted as a member of the company, I will notify the membership committee if there is any change in the status of:

1. My address
2. My drivers' license
3. My arrest record
4. A health restriction that would keep me from performing my duties

I authorize an investigation of all information contained on this application. The investigation may include a criminal history check, a check of my driver's license and driving history, and any additional information the company feels necessary, within the boundaries of law. I understand that this application may be reviewed at any time. I also understand that, if accepted, I will be on probation for a period of one year from the date accepted, and that any misinformation contained on this application shall be cause for disciplinary action, rejection of the application or expulsion from the company.

Date: _____

Signature: _____

Please fill in all information contained in this application as completely as possible and return it to the membership committee. Incomplete applications will not be processed.

If you have any questions with this application, please contact the membership committee via voice mail at 215-752-7740.

APPLICATION FOR MEMBERSHIP

I, (print name) _____; hereby apply for membership in the William Penn Fire Company. I understand that my acceptance is dependant upon a positive recommendation of the membership committee, followed by a vote of the company members. I also understand that my membership is for no defmite period of time and may be revoked in accordance with the Company By-Laws and SOPs. If accepted as a member of the company, I will notify the membership committee if there is any change in the status of:

1. My address
2. My drivers' license
3. My arrest record
4. A health restriction that would keep me from performing my duties

I authorize an investigation of all information contained on this application. The investigation may include a criminal history check, a check of my driver's license and driving history, and any additional information the company feels necessary, within the boundaries of law. I understand that this application may be reviewed at any time. I also understand that, if accepted, I will be on probation for a period of one year from the date accepted, and that any misinformation contained on this application shall be cause for disciplinary action, rejection of the application or expulsion from the company.

Date: _____

Signature: _____

Please fill in all information contained in this application as completely as possible and return it to the membership committee. Incomplete applications will not be processed.

If you have any questions with this application, please contact the membership committee via voice mail at 215-752-7740.

William Penn Fire Company Membership Application

Positions applied for:

Active Firefighter Associate Member

If you are applying for membership, and are under the age of 18, you must submit working papers, at time of interview, and follow such rules and guidelines.

You are not permitted to enter any burning building or structure until the age of 18

Personal Information

Name: (Last, First, Middle) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#-Home: _____ Work: _____ Cell: _____

E-Mail: _____

Date of Birth: _____ Social Security# _____

Occupation _____ Employer _____

Contact Person at work _____ Phone# _____

Are you a student? (Yes/No) Where? _____

Previous addresses within the last five (5) years: (Continue on back if needed)

Driver's License# _____ State _____

Has your license ever been suspended or revoked? (Yes/No) _____ if yes, please explain.

Have you ever been convicted of a crime? (Yes/No) _____ if yes, please explain.

Fire Fighting Experience:

Have you ever been or are you currently a member of another Fire Company or Rescue Squad?
(Yes/No) ___ If yes, please provide details.

Organization: _____ Dates of Service _____

Name of Contact Person: _____ Phone# _____

Reason for Leaving: _____

Organization: _____ Dates of Service: _____

Name of Contact Person: _____ Phone# _____

Reason for Leaving: _____

Organization: _____ Dates of Service _____

Name of Contact Person: _____ Phone# _____

Reason for Leaving: _____

Have you ever been refused membership to or been suspended / expelled from an
emergency services organization? (Yes/No) _____ If yes, please explain.

Fire Schools completed: (Please supply certificates with application.)

List any other emergency training or skills that could benefit the Fire Company:

Medical History:

Do you have any disabilities, that could affect your ability to perform the duties of an
active member of the Fire Company: (Yes/No) _____ If yes, please explain.

Personal References: (Please list three references, not related to you or living with you.)

1. Name _____ Telephone# _____

Address _____

Relationship _____ Years acquainted _____

2. Name: _____ Telephone# _____

Address _____

Relationship _____ Years acquainted _____

3. Name _____ Telephone# _____

Address _____

Relationship _____ Years acquainted _____

Please list any members of the William Penn Fire Company that you know:

Emergency Contact Information: (Please list who should be contacted in case of an emergency.)

1. Name _____ Telephone# _____

Address _____

Relationship _____

2. Name _____ Telephone# _____

Address _____

Relationship _____

The information that I have provided is complete and accurate to the best of my knowledge.

Signed: _____ Date: _____

To be completed by the Membership Committee.

As a member of the Membership Committee with the William Penn Fire Company, I hereby recommend _____ for membership. I state that, to the best of my knowledge, he/she is:

- Dependable and trustworthy
- Of sound moral character
- Caring and respectful
- Intent on being an asset to the Company, the community, and the fire service.

#1: _____ Date: _____

#2: _____ Date: _____

#3: _____ Date: _____

COMMITTEE CHECKLIST:

1. Interview - Date _____
2. Application received - Date _____
3. Working papers submitted (if required.)- Date _____
4. Copy of Driver's License received (if applicable.)- Date _____
5. Copy of application passed on for Criminal History check. - Date _____
6. Criminal History Completed? - Date _____
7. Pennsylvania Child Protective Background Check . - Date _____