

FAIRVIEW FIRE & RESCUE

7190 WEST RIDGE ROAD • P.O. BOX 69 • FAIRVIEW, PA 16415
BUSINESS PHONE 814/474-5091 • WWW.FVFD52.ORG
FIRE PHONE 911

Application for membership to *Fairview Fire & Rescue*

Name of Applicant _____

Please print in ink or type when filling in this application.

Any mis-statements or omission of information, or refusal to sign the release forms, will be grounds for denial for membership into *Fairview Fire & Rescue*.

All questions must be answered. If a question does not apply, please use N/A and/or put a check mark in the appropriate answer space. If questions are answered with “yes” and needs any additional explanation, please use the back side of the page in which the question was asked to answer it.

All applicants must pass a physical examination by the department’s physician, which will be paid for by the department.

All applicants are required to get a certified copy of the Pennsylvania State Police background check and the Pennsylvania Child Abuse clearance. (Web addresses listed at the end of the application) Expenses for checks reimbursed after acceptance of the application by the President.

Please attach copies of all diplomas, certificates, driver’s license and any other documents that correspond with this application.

Any Junior firefighter (under the age of 18) needs the signature of a parent or guardian, in addition to their own signature, and must also provide a copy of their working papers.

Personal Information:

Full Name: Last First Middle

Current Address: Street City State Zip Code

Home Phone Cell Phone Business Phone

Date of Birth Place of Birth Social Security Number

Email Address

Driver's License Number/State Classifications

Glasses/Contacts

Emergency Contacts:

List full name of three (3) alternate relatives or family members to contact in an emergency.

Name Relationship Address Zip Phone Number

Education Records:

List all high schools, tech schools or colleges you have attended.

Name Address Zip Years Completed Diploma Received

Major and Minor Courses of Study:

Area of Interest in Emergency Services:

Business Aspects ___ Support Services ___ EMS ___ Fire ___ Rescue ___

Training:

List all fire service, EMS, or other training, along with a copy of certifications.

Date Training Received Location Number of Hours

Previous Addresses:

Starting with your present address, list all addresses where you have lived for the past five (5) years:

Dates

From/To Street Address City County State

Marital Status:

Single _____ Married _____ Divorced _____ Widowed _____

Spouse's Name (Maiden Name) Date of Birth

Address City State Zip Code Phone

References:

Name

Address City State Zip Code

Telephone Number Years Known

Occupation
.....

Name

Address City State Zip Code

Telephone Number Years Known

Occupation
.....

Name

Address City State Zip Code

Telephone Number Years Known

Occupation
.....

Military Records:

Branch: _____ Rank: _____

From: _____ To: _____ Type of Discharge: _____

Employment History:

Beginning with your present or most recent employer, list all places you have worked in the past ten (10) years. Please keep in order and include all full time, part-time, temporary or seasonal employment.

From/To	Name and Address of Employer
Supervisor	Business Phone
Description of Duties	
Reason for Leaving	

From/To	Name and Address of Employer
Supervisor	Business Phone
Description of Duties	
Reason for Leaving	

From/To	Name and Address of Employer
Supervisor	Business Phone
Description of Duties	

Reason for Leaving

////////////////////////////////////

From/To

Name and Address of Employer

Supervisor

Business Phone

Description of Duties

Reason for Leaving

////////////////////////////////////

From/To

Name and Address of Employer

Supervisor

Business Phone

Description of Duties

Reason for Leaving

////////////////////////////////////

From/To

Name and Address of Employer

Supervisor

Business Phone

Description of Duties

Reason for Leaving

From/To

Name and Address of Employer

Supervisor

Business Phone

Description of Duties

Reason for Leaving

From/To

Name and Address of Employer

Supervisor

Business Phone

Description of Duties

Reason for Leaving

Criminal History:

Have you ever been convicted of any offense by any civilian or military legal systems?
Do not include traffic violations.

Yes _____ No _____ If yes, please fill in below.

Date

Charge

Location (City, County, State)

Disposition

Traffic:

Have you been in any traffic accidents and within the **past five (5) years**? If yes, please explain: _____

Driving History:

Please list all driving citations or summons you have been convicted of as an adult and as a juvenile, beginning with the most recent. (Give approximate dates and locations if you cannot remember exact ones.)

<u>Date</u>	<u>Charge</u>	<u>Location (City, County, State)</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical History:

Do you have any medical conditions that could impact you in high stress or physically demanding activities?

Yes____ No____ If yes, please list below.

All information contained in the above application is true to the best of my knowledge and I give permission to any authorized representative of *Fairview Fire & Rescue* to research and notify any or all of the references or past employers to obtain information you have concerning my moral, mental, and physical suitability within two years of the date below.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian (if Applicant is under the age of 18) _____ Date _____

Application Received By: _____ Date: _____

Non-Discrimination. Our Association shall not discriminate on the basis of race, religion, color, sex, age, medical condition, disability, marital status, national origin, sexual orientation, gender identity and expression, gender, transgender, creed, citizenship status, ancestry, pregnancy, childbirth or related medical conditions, medical conditions including genetic characteristics, mental or physical disability, veteran or military status. Issues relating to bonafide functional occupational qualifications, commitment to effort and quality results are primary guide of our organization.

Obtain PA Criminal Background check

<https://www.psp.pa.gov/Pages/Criminal-History-Background-Check.aspx>

Click Pennsylvania Access to Criminal History (PATCH)

PA Child Abuse Clearance

<https://www.compass.state.pa.us/CWIS/Public/Home>

MVR Release Consent Form

In conjunction with my employment at Fairview Fire and Rescue, I consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties related to my position. I also consent to the review, evaluation and other use of any MVR I may have provided to the company.

Signed(applicant):_____

Date:_____

Name as it appears on driver's license:_____

Date of Burth:_____

Driver's License Number:_____ State:_____