



## APPLICATION FOR MEMBERSHIP/EMPLOYMENT

**Classification of Membership Requested:**

- Volunteer Active   
  Volunteer Allied (Must Be An Active Member of Another Fire Dept./EMS Agency)  
 Volunteer Support Services (Non-Operations)  
 Paid Per Diem Employee (Must Be Firefighter/EMT & Cannot Be A Volunteer Member of the EVFD)

**Area(s) of Interest (Volunteer Only) – Check All That May Apply:**

- Fire/Rescue   
  Emergency Medical Services   
  Fire Police

<b>Last Name</b>		<b>First Name</b>		<b>Middle</b>	
<b>Address (Number, Street, and Lot/Apt)</b>					<b>County</b>
<b>City</b>			<b>State</b>		<b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Email Address</b>		
<b>Emergency Contact Name</b>		<b>Phone Number 1</b>		<b>Phone Number 2</b>	

Are You At Least 18 Years of Age?             Yes     No

Do You Have A Valid PA Driver's License?     Yes     No    Class: \_\_\_\_\_ Number: \_\_\_\_\_

Have you ever been convicted of a criminal offense?     Yes     No

For the purposes of this application, criminal offenses include felonies and misdemeanors. If "YES" for conviction, you MUST list the offense, date of conviction and disposition. Use a separate sheet of paper if necessary.

If "Yes", Please Explain:

**EDUCATION**

	School / Agency	Diploma/Degree	# of Years
<b>High School/GED</b>			
<b>College</b>			
<b>Trade / Other</b>			
<b>Other</b>			

Are you now, or have you ever been, a member of an EMS of Firefighting Service?  Yes  No

If "Yes", please provide the information requested:

Date Month & Year	Fire Department or Company Name & Address	Chief Officer or Company Contact	Telephone #
From:			
To:			
From:			
To:			
From:			
To:			

### EMPLOYMENT HISTORY

Record previous employment, include military experience, beginning with the most recent.

Date Month & Year	Company Name & Address	Supervisor	Telephone
From:			
To:			
Position Held:			
Date Month & Year	Company Name & Address	Supervisor	Telephone
From:			
To:			
Position Held:			
Date Month & Year	Company Name & Address	Supervisor	Telephone
From:			
To:			
Position Held:			
Date Month & Year	Company Name & Address	Supervisor	Telephone
From:			
To:			
Position Held:			
Date Month & Year	Company Name & Address	Supervisor	Telephone
From:			
To:			
Position Held:			

### REFERENCES

Please list three personal or professional references that are not related to you.

Name	Relationship	Years Acquainted	Telephone
Address	City	State	Zip
Name	Relationship	Years Acquainted	Telephone
Address	City	State	Zip
Name	Relationship	Years Acquainted	Telephone
Address	City	State	Zip

List and provide copies of any emergency services related certifications that you have earned.

Briefly state your reason(s) for joining\seeking employment with the Edinboro Volunteer Fire Department:

If I am accepted into membership, or offered per diem employment, I agree to sign for and be held responsible for such articles of equipment and supplies as are listed and signed for on my equipment record and agree to care for this equipment to the best of my ability.

If for any reason my membership/employment with the Edinboro Volunteer Fire Department is terminated, I agree to return in serviceable condition any and all such equipment as is listed and on my equipment record.

I agree to perform all reasonable orders of the Commanding Officer(s) and staff while on duty with the Edinboro Volunteer Fire Department, and will conduct myself in a professional manner at all times.

I will submit to a complete physical examination, as required, at the expense and clinic of choice, of the Edinboro Volunteer Fire Department.

I acknowledge that a full background check will be run through the Pennsylvania State Police and Pennsylvania Department of Transportation as relates to any police records and/or driving records.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am a member/employee, my membership/employment may be terminated at any time.

In consideration of my membership/employment, I agree to conform to the fire departments rules and regulations, and I agree that my membership/employment can be terminated, with or without cause, and with or without notice, at any time, at either my or the department's option.

The Edinboro Volunteer Fire Department is an Equal Opportunity Provider. We do not discriminate in recruiting, interviewing, hiring, training, length of service, discipline, discharge or other terms conditions, or privileges of membership because of an individual's race, color, age, sex, religion, national origin, disability, sexual preference, or veteran or current military status. It is our policy to recruit and promote those applicants and members who are best suited for the position and possess the necessary skills, education, experience and qualifications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**UPON COMPLETION OF ALL ASPECTS OF THIS APPLICATION, RETURN IT ALONG WITH ANY RELEVANT DOCUMENTATION TO THE EDINBORO VOLUNTEER FIRE DEPARTMENT.**

**EVFD USE ONLY BELOW THIS POINT**

<b>Application In Date</b>	<b>Application Completeness Review</b>
/ /	<input type="checkbox"/> Complete <input type="checkbox"/> Revised Date: / /
<b>References Contacted</b>	<b>Certifications Attached</b>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mailed
<b>Act 33/34 NCIC Completed</b>	<b>PA MVR Check Completed</b>
Date: / / <input type="checkbox"/> Clear <input type="checkbox"/> BOD Review	Date: / / <input type="checkbox"/> Clear <input type="checkbox"/> N/A <input type="checkbox"/> Chief Review
<b>Physical Completed / Returned</b>	<b>Allied Letter of Recommendation Attached</b>
Date: / / <input type="checkbox"/> Clear <input type="checkbox"/> MD Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Interview Date &amp; Time</b>	<b>Interview Committee</b>
Date: / / Time :	
<b>Probationary Period Start Date</b>	<b>Preceptor / Orientation Member Assigned</b>
/ /	