



WEST SHORE BUREAU OF FIRE

510 HERMAN AVENUE • LEMOYNE, PA 17043-1598 • (717) 737-2924 • FAX (717) 737-2925

MEMBERSHIP APPLICATION

Date _____

PLEASE PRINT OR TYPE

If additional space is needed, please use another sheet.

Initiation Fee: \$5.00

(Initiation fee must accompany application)

FOR COMPANY USE ONLY

Date Application Received _____

Date Background Started _____

Date Background Received _____

Date Accepted/Rejected _____

Membership Secretary Signature

FULL NAME: LAST _____ FIRST _____ MI _____ SOCIAL SECURITY NO. ____/____/____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP _____

D.O.B. _____ AGE _____ PHONE () _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER'S ADDRESS _____

SUPERVISOR _____ # YEARS EMPLOYED _____ PHONE () _____

EMERGENCY CONTACT NAME _____ PHONE () _____

ADDRESS _____

DRIVERS LICENSE # _____ CLASS _____ STATE _____

1. Have you ever been convicted of any felony or misdemeanors? Yes No
If yes, list convictions on separate sheet of paper and attach to application in a sealed envelope.
(NOTE: CRIMINAL CONVICTION MAY PREVENT CONSIDERATION TO MEMBERSHIP IF IT RELATES TO SUITABILITY FOR POSITION OR OFFICE.)

2. List all moving violations in the past five years. (If more space is needed, attach an extra sheet)

Date	Place	Violation
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Which of the following are you interested in:
Firefighting Yes No Fund Raising Yes No Fire Police Yes No

4. Are you now, or have you ever been, a member of any other Fire Department? Yes No

5. If yes, list departments and years of membership: _____

6. Attach all valid documents pertaining to the fire service.

7. **Medical:** Have you experienced any injury or illness in the past five years which could affect your ability as a firefighter? Yes No (Includes High Blood Pressure, Diabetic, breathing problems, etc.)

If yes, explain _____

Allergies to any medications or insect bites? Yes No

8. Has disciplinary action been taken against you in any emergency service organization? Yes No

9. List three references (relatives not acceptable)

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa.C.S. § 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.

I hereby request formal consideration as an applicant for membership into the West Shore Bureau of Fire.

Applicant's Signature

If under the age of 18, working papers must accompany this application.

Signature of Parent or Guardian

Address of Parent or Guardian

All approved applicants will serve six month probation.

THIS APPLICATION MUST BE SUBMITTED TO THE WEST SHORE BUREAU OF FIRE MEMBERSHIP SECRETARY BY THE FIFTEENTH (15TH) DAY OF THE MONTH.