

## Application Instructions

- 1. Active Membership-Attach \$2 check, money order, or cash.  
Social Membership-Attach \$5 check, money order, or cash.**
- 2. Fill out Application in its Entirety. If Question Does Not Apply, Please Indicate “N/A” Or “Not Applicable.”**
- 3. Please Print Clearly in Ink, or Type**
- 4. Hand in Completed Application Packet to Any Member**
- 5. Applicant Will Be Proposed 3<sup>rd</sup> Tuesday of the Month After Application is Received. Background Investigation will Begin, If Suitable, Applicant Will Be Voted on 3<sup>rd</sup> Tuesday of the following Month.**

- Or -

**Mail To: Ephrata Pioneer Fire Department, 135 South State Street,  
Ephrata, Pa 17522, Attn. Membership Committee**

	<b>Please Mark Application Preference</b>
	<b>Firefighter:</b> Anyone 18 Years or Older Wishing to be an Active Firefighter
	<b>Fire Police:</b> Anyone 18 Years or Older Wishing to be a Fire Police Officer
	<b>Social:</b> Anyone Wishing to Aid the Fire Dept. (non-tactically)-NON VOTING

## General Information

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ OK to Call (Yes) (No)

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Do You Have Any Relatives In EPFD (Past or Present)? If so, Who and What Relation?:  
\_\_\_\_\_

Do You Have Any Former Names, An Alias, Etc?: \_\_\_\_\_

## Employment and Education

Please List Your Last Three Employers, Beginning with Your Current or Most Recent

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Job Title: \_\_\_\_\_ Company \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Supervisor/Title: \_\_\_\_\_ May We Contact: \_\_ Yes \_\_ No  
Dates Employed, From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
Working Hours: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Company \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Supervisor/Title: \_\_\_\_\_ May We Contact: \_\_ Yes \_\_ No  
Dates Employed, From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
Working Hours: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Company \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Supervisor/Title: \_\_\_\_\_ May We Contact: \_\_ Yes \_\_ No  
Dates Employed, From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
Working Hours: \_\_\_\_\_

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Do You Hold Any Professional Certificates, Licenses, or Specialized Job Training? If so, What: \_\_\_\_\_  
\_\_\_\_\_

**Please Complete Based on Your Educational Experience, Beginning with Your Most Recent Schooling:**

Name and Address of School	Dates Attended	Grade/Degree Completed	Major or Area of Study

### Memberships and Experience

**Please list any organizations with which you currently maintain memberships:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any hobbies or skills which you feel could benefit EPFD:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do You Have any Previous Emergency Service Experience? Yes\_\_\_\_\_ No\_\_\_\_\_ If No, skip this section.**

**Previous Departments/Agencies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Positions Held:** \_\_\_\_\_

**Last Active:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**Contact Name/Title/Phone Number from Last Dept.:** \_\_\_\_\_  
\_\_\_\_\_

**Trainings/Certifications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Background

**Have You Ever Been Convicted of, or Entered a Plea of Guilty or ARD/Section 17 to a Crime? If So, What Were You Convicted of and When:** \_\_\_\_\_  
\_\_\_\_\_

**If Yes, Please Explain:** \_\_\_\_\_  
\_\_\_\_\_

**In the Last 5 Years, Have You Received, or Have Pending, any Summary Citations? If So, What (Including Vehicular):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have You Ever Served in the Military?** ( ) Yes ( ) No

**Branch:** \_\_\_\_\_ **Date of Discharge:** \_\_\_\_\_

**If Other than Honorable Discharge, Please Explain:** \_\_\_\_\_

**Please Provide Three Individuals, Whom You Have Known for At Least 2 Years, Who Are Not Related to You and Were Not Previous Work Supervisors:**

<i>Name</i>	<i>Phone Number</i>	<i>How Associated?</i>	<i>Years Known</i>

**I am submitting this application providing truthful and complete answers to all questions. I agree that I am responding to all questions with my best ability. I understand that all answers and submissions made on this application are subject to investigation and review. I understand that a state police background investigation will be completed, and my acceptance into the Ephrata Pioneer Fire Department is contingent upon a successful background check.**

**I allow the fire department to inquire into my educational, criminal, and employment records; as well as all references. I understand that any falsification, failure to provide a clear answer, or omission on this application could result in my denial of membership, or termination of membership from the Ephrata Pioneer Fire Department.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Release and Waiver**

1. As an applicant with the Pioneer Steam Fire Engine Co. No. 1, Inc. I am requested to furnish information for use in determining my qualifications. I hereby authorize any representative of the Ephrata Police Department and the Pioneer Steam Fire Engine Co. No. 1, Inc. bearing this release, or a copy of it, to obtain any and all information in your files concerning me, including information which may be confidential, privileged, and/or derogatory in nature; including but not limited to police officer records, employment information, results of background investigations which pertain to me, psychological examinations and their results, educational records/transcripts, polygraph examinations and their results, dental records, credit and financial information, local criminal history information and/or any information you may possess. Additionally, I authorize you to release any disciplinary actions against me, which includes those that have been "sealed" pursuant to any agreement and any internal affairs investigations, current or closed, or any files deemed confidential to me.

2. I authorize release of any record of contact between law enforcement agencies and myself, to include arrests and convictions. I authorize the release to any law enforcement agency any information ascertained in this investigation relating to a possible crime.

3. I also authorize the release of any medical records or medical information in the files of my current or former employer(s), or any current or former physician (s).

4. I hereby direct you to release this information upon request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Ephrata Police Department and the Pioneer Steam Fire Engine Co. No. 1, Inc.

5. I hereby release Ephrata Borough, the Pioneer Steam Fire Engine Co. No. 1, Inc. and your respective members, officers, directors, agents, successors and assigns from any and all liability for damage of whatever kind which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempts to comply therewith.

6. This release will expire (1) year after the date that it was signed, and is a complete, total, and unequivocal waiver.

CERTIFICATION: I certify that I have read this authorization form and understand its meaning and purpose.

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

Name: \_\_\_\_\_ Witness: \_\_\_\_\_

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

**Please Return this Form Along with Your Completed Application Packet**