

## **Media Fire Hook and Ladder Company No. 1 Application Procedure**

The applicant must fill out, as completely as possible, the application form (attached).

The applicant must also fill out the Social Security Number form (this is for running background checks only and will be destroyed upon completion of the check. It will not remain a part of the applicant's personal file).

The application form and SSN form must be returned to one of the officers or a membership committee member.

The application is then presented at the next Board of Directors (BOD) Meeting

A representative of the membership committee will then inform the applicant of the decision made by the BOD.

### **Please Retain This Information Sheet for Your Records**

**Date application completed:**

**Date application returned to station member:  
(if different from above)**

**Media Fire and Hook and Ladder Company No. 1  
Application for Membership**

**Personal Information**

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

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

\_\_\_\_\_

Birth date: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Pager: \_\_\_\_\_

Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Prior Address (If at above address less than two years)

\_\_\_\_\_

\_\_\_\_\_

Driver's License Information: (Answer for each state where you are licensed)

Issuing State: \_\_\_\_\_

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Currently Valid: Yes or No (please circle)

Employment Information:

Employer: \_\_\_\_\_

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

\_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony or the equivalent?

Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Desired Position with Company:

Firefighter: \_\_\_ EMT: \_\_\_ Paramedic: \_\_\_ Ambulance Attendant: \_\_\_ Support: \_\_\_

Applicants for the position of Firefighter, EMT, Paramedic, and Ambulance Attendant are advised that such positions are physically and emotionally demanding and stressful. Essential duties may include, but are not limited to, lifting heavy objects, wearing bulky protective equipment, operating machinery, viewing victims in times of trauma and removing victims from hazardous environments. Other demands of these positions can be discussed with the Fire Chief and tactical officers of the Company. Knowing these physical and emotional demands, do you have any physical or emotional impairment that would substantially interfere with your ability to perform these essential functions of employment? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Educational Background**

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Other: \_\_\_\_\_

**Emergency Services Background**

List all other Emergency Service Organizations to which you belong or have belonged to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Services Training: (Please present copies of certificates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Character References**

Name: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Address: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**Military Experience**

Have you ever served in the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state: Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**Release**

I, \_\_\_\_\_, hereby authorize the Media Fire and Hook and Ladder Company No. 1 to investigate my background and the information supplied on my membership application, including my criminal history and driver’s record, for purposes of determining my suitability for membership. In connection therewith, I authorize any person, association, partnership, corporation, agency or entity to supply all information requested by the Media Fire and Hook and Ladder Company No. 1 regarding my application for membership. I hereby release any person, association, partnership, corporation, agency or entity from liability for supplying any requested information. Still further, I hereby release the Media Fire and Hook and Ladder Company No. 1, its members, agents and employees from any and all liability in connection with the investigation of my background and agree to indemnify and hold all such persons harmless in connection herewith.

\_\_\_\_\_  
Applicant

**Memorandum of Understanding**

I, \_\_\_\_\_, hereby agree to comply with all safety and health standards, rules, regulations, bylaws, standing rules, standard operation procedures, house rules, other appropriate regulations and all lawful directives of the officers of the Media Fire and Hook and Ladder Company No. 1 should I be elected into membership. I understand that the Media Fire and Hook and Ladder Company No. 1 may require that I undergo medical examinations and treatment reasonably related to my continued safe performance of the essential functions of the positions of Firefighter, EMT, Paramedic or Ambulance Attendant.

\_\_\_\_\_  
Applicant

**Affidavit**

I, \_\_\_\_\_, hereby swear or affirm that the information supplied in the foregoing Application for Membership is true and correct to the best of my knowledge, information and belief, subject to the penalties of 18 Pa C.S.A. Section 4904 regarding unsworn falsification to authorities.

\_\_\_\_\_  
Applicant

**Parental Consent**

I, \_\_\_\_\_, the parent or guardian of the minor applicant, hereby give my permission for the applicant to join the Media Fire and Hook and Ladder Company No. 1 and authorize, join in and ratify all of his or her acts, representations, releases and statements above.

\_\_\_\_\_

Parent/ Guardian

Relationship: \_\_\_\_\_

STATE OF PENNSYLVANIA

: ss

COUNTY OF DELAWARE

Sworn to and subscribed before me this

Day of ,

\_\_\_\_\_

Notary Public

