

SELLERSVILLE FIRE DEPARTMENT

Emergency Call: 911
Business: 215-257-4028



Firehouse
2 North Main Street
Sellersville, PA 18960

APPLICATION FOR MEMBERSHIP

Date: _____

Name of Applicant (Print): Last _____ First _____ M.I. _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Birth Date: ____ / ____ / ____ Sex: Male Female Height _____ Weight _____

Type of Membership Requested (please Check one): Active Associate Junior Active Fire Police

Have you ever been a Member of any Fire Department or Emergency Services Organization? Yes No

If "Yes", where and when _____

Do you have a Current Valid Motor Vehicle Operators License? YES NO

License #: _____ State: _____ Class: _____

Have you ever been arrested or convicted of any crime: YES NO (IF YES, attach detailed explanation)

Are you currently being treated by a physician? YES NO (IF YES, attach detailed explanation)

Have you been hospitalized in the last five(5) years? YES NO (IF YES, attach detailed explanation)

Is there anything to prevent you from performing the normal duties of a member of the Sellersville Fire Department? YES NO (IF YES, attach detailed explanation)

Present Employer: _____ From: _____ Phone #: _____

List three (3) personal references (non-relative or employer):

1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone #: _____

Applicant Recommended by (must be signed by two (2) members in good standing):

1. _____ Phone #: _____
2. _____ Phone #: _____

A Criminal History Record from the PA State Police, together with a non-refundable application fee of \$5.00 must be submitted with the completed application. Criminal History Record can be found at www.psp.state.pa.us

The Sellersville Fire Department has permission to discuss, for fire department purposes, the content of this application with anyone except as noted here. If none, so state.

Applicant releases from any liability, all representatives of the fire department for any acts done in good faith in connection with evaluating the applicant and further, applicant releases from liability all individuals or organizations who provide information to the fire department in good faith concerning the applicant's qualifications for membership. All members are subject to a background check including, but not limited to criminal history record information.

I hereby affirm that this application contains no willful misrepresentation or falsifications and that the information given by me is true and has been completed to the best of my knowledge and belief. I am aware that should an investigation at any time disclose my misrepresentation or falsification, this may be sufficient cause for rejection.

In case of an emergency, notify: _____

Insurance Beneficiary: _____

Applicant's Signature: _____ Date _____

Parent or Guardian signature if under 18 years of age _____

FOR USE BY MEMBERSHIP COMMITTEE – DO NOT FILL OUT BELOW THIS LINE.

Criminal History Record received: _____ Investigation completed: _____

Investigation Committee Members:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Membership Committee: Recommends Does Not Recommend the Applicant.

Conditions (if any): _____

Action of Department: _____ Date: _____