

South Strabane Twp. Fire Department

Station 1
1669 E. Maiden St.
Washington, PA 15301
(724)-225-7692



Station 2
172 Oak Springs Rd.
Washington, PA 15301
(724)-222-3885

APPLICATION FOR MEMBERSHIP

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET) (TOWNSHIP, BOROUGH, CITY)

NUMBER OF YEARS AT PRESENT ADDRESS: _____ PHONE: (____)-____-_____

AGE: ____ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

OCCUPATION: _____ EMPLOYER: _____

REFERENCES: (PLEASE LIST TWO PERSONAL REAFERENCES OTHER THAN A RELATIVE)

1. _____ 2. _____
(NAME) (NAME)

(ADDRESS) (ADDRESS)

(PHONE) (PHONE)

DO YOU HAVE A CURRENT DRIVERS LICENSE? : _____
YES NO STATE CLASS LICENSE NUMBER

HAVE YOU EVER BEEN ARRESTED FOR A FELONY, OR HAVE A CRIMINAL RECORD IN THIS OR ANY OTHER STATE? _____

EXPLAIN: _____

DO YOU HAVE ANY MEDICAL (MENTAL OR PHYSICAL) CONDITIONS OR DISABILITIES? _____
LIST ALL AFFLICTIONS, ALLERGIES, SPECIAL MEDICATIONS, OR TREATMENTS.

HAVE YOU EVER BELONGED TO ANY OTHER PUBLIC SERVICE ORGANIZATION? _____

ORGANIZATION NAME: _____ WHERE? _____

HOW MANY YEARS: _____ WHEN: _____ - _____

NAME & PHONE NO. OF PRESIDENT OR HEAD OF ORGANIZATION: _____ (____) _____ - _____

FURNISHING THE REQUESTED INFORMATION IS VOLNTARY, BUT FAILURE TO PROVIDE ALL OR PART OF THE INFORMATION MAY RESULT IN A LACK OF ACCEPTANCE IN THIS ORGANIZATION. MEMBERS OF THE SOUTH STRABANE TOWNSHIP VOLUNTEER FIRE DEPARTMENT RESERVE THE RIGHT TO REJECT ANY APPLICATION.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

PRESIDENT SIGNATURE: _____ DATE: ____/____/____

MEMBERSHIP TYPE (ACTIVE, SOCIAL, JUNIOR): _____

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ATTACHMENT #1

AUTHORITY TO RELEASE INFORMATION FOR BACKGROUND CHECKING

TO: Any past employer; OR Any Dean, Registrar, Principal, Counselor, Instructor, or other authorized person at a School (University, College, High School, Trade School, or other); OR Any Department or Agency of a City, County, or State Government, or of the Federal Government

I, _____, hereby authorize **South Strabane Twp. Volunteer Fire Department**,
Name (Printed)

to conduct an appropriate background check including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust. I authorize all persons who may have information relevant to this background check to disclose it to South Strabane Twp. Volunteer Fire Department, and I release all persons from liability on account of such disclosure and I release South Strabane Twp. Volunteer Fire Department and its members from any damages or claims which may otherwise result from use or release of such information. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Date: _____ Signature: _____

Date of Birth: _____ Other names used: _____
(Furnished for the purpose of positive identification)

Witness: _____