

WEST GROVE FIRE COMPANY MEMBERSHIP APPLICATION

Name (Full First, Full Middle, Last):	Date of Birth ____/____/____	SSN:
--	--	-------------

Current address:

Previous address (if less than 3 years)

Driver's License State and #: (Attach Copy)	Home Phone:	Cell:
--	--------------------	--------------

E-mail:	How Did You Hear About Us? Please Be Specific:
----------------	---

TYPE OF MEMBERSHIP	PROPOSING MEMBER
Type of membership you are applying for: Social Active If Active, please circle area of interest (you may circle more than one): Fire/Rescue Emergency Medical Services Fire Police	Current WGFC Member proposing applicant for membership: Member's Name: _____ Members Signature: _____

PREVIOUS FIRE OR EMS EXPERIENCE (IF APPLICABLE)

Name(s) of previous Fire or EMS Department and dates of membership:	Fire or EMS Certifications? Y N (Please attach certificates if available)
Note: Please attach a letter of recommendation from the current Chief or President of your previous organization.	

BACKGROUND CHECK AND INFORMATION

The West Grove Fire Company performs background checks on all prospective members.
Note: it is illegal in Pennsylvania for those convicted of arson to be members of a fire department.

Have you ever been convicted of a crime? Yes No

If yes, nature of conviction, state of conviction, and date:

How long have you lived in the Commonwealth of Pennsylvania:

Signatures

- By signing this form, I agree to the following:
1. I authorize the verification of the information provided on this application or otherwise provided to WGFC as to employment, school (if applicable), previous emergency services experience, criminal and driving records. Criminal and Driving Records will be checked yearly.
 2. I understand that references and previous Fire/EMS Departments (if applicable) will be contacted.
 3. I affirm that all information provided to the West Grove Fire Company (WGFC) is true, accurate and complete.
 4. If voted in as a member, I agree to adhere to the Standard Operating Procedures (SOPs), Standard Operating Guidelines (SOGs), E-Mail and Internet policies, the Charter and the Bylaws of the West Grove Fire Company. If parent or guardian of a member, I will ensure the minor I am signing for understands and follows these policies and bylaws.
 5. I agree that falsification or misrepresentation of any information provided in the application process is grounds for dismissal from the WGFC.
 6. **Any Junior member (ages 16-18) applying to join must have two letters of recommendation from sources other than family, i.e. teacher, employer, clergy**

Signature of applicant:	Date:
--------------------------------	--------------

Signature of parent/guardian (if applicant is under 18):	Date:
---	--------------

Application Fee: \$25.00 Make Check Payable to: West Grove Fire Company



I hereby authorize West Grove Fire Company and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth and social security number to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form. I hereby authorize the West Grove Fire Company, if I become a member, to conduct a yearly criminal background and a driver's license check.

I hereby release West Grove Fire Company and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below, I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Social Security Number: _____ - _____ - _____ Sex: _____ Race: _____

D/O/B: _____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Drivers License Number: _____ State of Issuance: _____

Signature: _____

Signature of parent/guardian (if applicant is under 18): _____