

# SHAWNEE FIRE COMPANY

Chartered February 14, 1945

## Application for Membership

*Shawnee Fire Company does not discriminate against any qualified applicant or member based on age, race, religion, gender, sexual orientation, ethnic background, or physical capability. Applicants will be subject to a criminal history check. Subject to the provisions of the Criminal History Record Information Act, those with a criminal history shall be excluded.*

I do hereby apply for membership in the Shawnee Fire Company under the following class of membership (please check one):

Supporting                       Contributing  
 Active (18 yr or older)\*                       Junior (students 16-18 yr)\*\*

\*Please read and sign the following statements:

I understand I will serve as a probationary firefighter for a period of 12 months.

Applicant's Signature and Date: \_\_\_\_\_

I understand I will be required to successfully complete the Pennsylvania Fire Fighting Essentials Course as administered by the PA State Fire Academy.

Applicant's Signature and Date: \_\_\_\_\_

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In a brief paragraph, please state why you wish to join the Shawnee Fire Company; what the fire company can gain from your membership; and what you expect to gain from membership.

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## Personal Information

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)      Age: \_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ (optional)

Cell Phone Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Classification: \_\_\_\_\_

### **Current Address**

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

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

Years at above address: \_\_\_\_\_

Mailing Address (if different from Physical Address): \_\_\_\_\_

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

### **Previous Address**

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

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

.....  
Have you ever been convicted of, plead guilty or "no contest" to a crime:      Yes      No

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

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

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## Emergency Contact

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

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

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

Phone Number: \_\_\_\_\_ (Circle one: Mobile Landline Other)

## Employment Information

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

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

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

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

Will your present employer allow you to respond to calls during work hours? Yes No

## Education

Circle highest grade, level, or degree achieved:

Elementary High School Associate's Degree Bachelor's Degree Master's Degree

Doctoral Degree Other, please detail: \_\_\_\_\_

Are you currently enrolled in school? Yes No

Name and address of last school attended: \_\_\_\_\_

\_\_\_\_\_

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## Military

Are you currently serving or have you ever served in the military?      Yes    No

If yes: Branch: \_\_\_\_\_

Grade: \_\_\_\_\_      Job: \_\_\_\_\_

If discharged, what was the nature? \_\_\_\_\_

\_\_\_\_\_

## Prior Experience

Have you ever been or are you currently a member of another fire company, ambulance or rescue squad?      Yes    No

If yes, please complete the following:

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

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

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

Position(s) Held: \_\_\_\_\_

Dates of Service: \_\_\_\_\_      Current member?:    Yes    No

Reason(s) for Leaving: \_\_\_\_\_

\_\_\_\_\_

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

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Please list below the fire, rescue, emergency, and hazardous materials classes, courses, and/or seminars that you've completed. Please use additional sheets if necessary. Please also attach copies of all certificates received for classes completed.

Name of Class	Name of Training Facility & Location	Date Completed

(please add additional sheets as necessary)

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## Medical

Physician's Name: \_\_\_\_\_

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

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

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

Applicant's Blood Type: \_\_\_\_\_

- Have you had a Hepatitis B vaccine within the last 10 years?    Yes    No

    Date: \_\_\_\_\_

- Have you ever been refused employment for health reasons?    Yes    No

- Have you ever been disqualified for duty in the armed forces?    Yes    No

The essential job functions of a volunteer firefighter and fire police officer in the Shawnee Fire Company include, but are not limited to: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy equipment, working for prolonged periods in potentially hazardous and enclosed environments, working in dark environments, and possibly working in extreme temperatures, possibly working at elevated heights, experiencing elevated levels of stress.

Are you able to successfully complete these essential functions with or without reasonable accommodations?    Yes    No    Please initial: \_\_\_\_\_

If yes, please provide full details of required accommodations:

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The Shawnee Fire Company of Smithfield Township has permission to discuss, for Fire Department purposes, the content of this application with anyone except as noted here:

\_\_\_\_\_

\_\_\_\_\_

If none, so state: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Parent/Guardian of Junior Firefighters**

I/We the parent(s)/guardian(s) of \_\_\_\_\_ are giving permission for our son/daughter to apply for membership in the Shawnee Fire Company of Smithfield Township. I/We also give permission for our son/daughter to perform in the duties and functions as required and as allowed by governing state laws. The junior firefighter applicant must also abide by the Shawnee Fire Company of Smithfield Township's Standard Operating Guideline (SOG) for junior firefighters. The junior firefighter applicant must obtain work permit papers as issued from the department of education of the commonwealth of Pennsylvania, which is provided by the local school district, and I/We will attach the working papers to this application. Note, the junior firefighter applicant will not be permitted to take part in any functions of the department until such working papers have been turned into the Membership Committee.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Grade: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

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## Authority to Release Information

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

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

Cell Phone Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Classification: \_\_\_\_\_

I certify that the facts contained in this Application are true and correct to the best of my knowledge. I fully understand that any false statements will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer, or other authorized representative of the Shawnee Fire Company of Smithfield Township bearing this release, to obtain any and all information available from my past and present employers, credit references, criminal records, medical records, and other individuals that the Fire Company, at its sole discretion, believes may have relevant information regarding my suitability for membership. I request that the custodian of records, in each case, permit my records to be examined, copied, or otherwise reviewed.

I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability from damages of whatever kind which may at any time result to me, my heirs, family, or associates, because of compliance with the authorization and request to release information. I fully understand that if accepted, my membership is governed by the Charter, By Laws, and Standard Operating Procedures of the Shawnee Fire Company of Smithfield Township.

All information obtained will be held in strict confidence.

Applicant's Signature: \_\_\_\_\_

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

If applicant is under 18 years of age, Parent/Guardian's Signature: \_\_\_\_\_

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