



# BIRDSBORO-UNION FIRE DEPARTMENT

## SERVING BIRDSBORO BOROUGH AND UNION TOWNSHIP

### MEMBERSHIP APPLICATION

The Birdsboro-Union Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer information.

#### INSTRUCTIONS

1. You must complete all sections of this application.
2. Please print and fill out the required information.
3. Applications without a signature will not be accepted.

#### POSITIONS

Junior Firefighter (14-17 years old):

Firefighter:   
Firefighter/Medical:

Medical:   
Fire Police:

Support Member:   
Career Staff:

#### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Mailing Address (If Different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### MEDICAL HISTORY INFORMATION

Do you have any medical conditions or physical limitations that should be considered? YES:  NO:   
Are you currently receiving any special medical treatment or medications? YES:  NO:

#### DRIVING RECORD

Do you have a valid Pennsylvania driver's license? YES:  NO:  If not PA, what state of license: \_\_\_\_\_  
Class of License: \_\_\_\_\_ Operators License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### EDUCATION

High School: \_\_\_\_\_ College: \_\_\_\_\_ Other: \_\_\_\_\_  
Graduated: YES:  NO:  Graduated: YES:  NO:  Graduated: YES:  NO:

#### EMPLOYER INFORMATION

Employer: \_\_\_\_\_ Supervisor/Manager Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## REFERENCES

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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## CRIMINAL HISTORY

Have you ever been convicted of a crime? (Include misdemeanors, felonies, and traffic offenses): YES:  NO:   
If you answered yes, please explain: \_\_\_\_\_

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## PUBLIC SAFETY INFORMATION

How were you referred to this department? \_\_\_\_\_  
Have you ever been, or currently are, a member or employee of any emergency service agency? YES:  NO:   
If so, what agency(s)? \_\_\_\_\_  
Are you a member of any other community service organizations? YES:  NO:   
If so, what organization(s)? \_\_\_\_\_

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## QUALIFICATIONS, SKILLS & TRAINING

Please list any fire, EMS, emergency management, or experience and certifications you currently have. Please include expiration dates and certifying state, department, or agency. Please attach copies of your certifications to this application. \_\_\_\_\_

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Do you have or foresee any problems with heights, using self-contained breathing apparatus or possibly being confined to small places for long periods of time? YES:  NO:   
If you answered yes, please explain: \_\_\_\_\_  
Please list any additional education, skills, volunteer work, training, hobbies or other information you feel may be helpful in evaluating your application: \_\_\_\_\_

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## CERTIFICATION AND AGREEMENT

I hereby certify that the information contained in this application is true, accurate and complete to the best of my knowledge. I authorize investigation of any or all statements contained in this application. I understand that any misrepresentation or falsification of information provided may lead to withdrawal of opportunity or termination following membership. I release from all liability of responsibility all persons and organizations supplying information. The Birdsboro-Union Fire Department and/or any representation thereof is hereby authorized to make investigation of my driving record and criminal history background to be completed by the local police department as a condition of application. I agree that if my application for membership is accepted and approved, I will be held personally responsible for any and all department issued equipment and supplies. Further, I agree to return all department issued equipment and supplies upon leaving or being terminated from the department. I have read, understand and by my signature consent to these statements.

### **PLEASE NOTE:**

If you are 14-17 years old and applying as a junior firefighter, parental consent is accepted with their signature below. Any unsatisfactory grades will result in an individual not being allowed to take part in Fire Department functions. Working papers must also be provided with the application for it to be considered valid.

Print Name of Applicant: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## OFFICIAL USE ONLY

APPROVE:  DENY:  Date Interviewed: \_\_\_\_\_ Date Proposed: \_\_\_\_\_  
Applicant accepted/rejected on: \_\_\_\_\_ Membership Chairperson: \_\_\_\_\_