

Swatara Township Fire & Rescue Services Application for Membership

Please Check Company of interest

Bressler Fire ___ Chambers Hill Fire ___ Lawnton Fire ___ Rutherford Fire ___ Swatara Fire ___

Personal Information:

Name: Last _____ First _____ Middle Int _____

Address: _____

City: _____ State _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Social Security #: _____ D.O.B. _____

Age: _____ Sex: _____ Height: _____ Eye Sight: _____

Marital Status: _____ Eye Color: _____ Hair Color: _____

Drivers License No.: _____ Class: _____

Do you wear glasses or contacts? _____ yes _____ no

Have you ever been arrested? _____ yes _____ no

Do you have a criminal record? _____ yes _____ no

If Yes, Please explain: _____

Please list any physical or mental disabilities: _____

Please list any medications that you are taking, that we may need to know of in case of an emergency:

EMERGENCY CONTACT INFORMATION:

In case of emergency notify: _____

Relation: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Career Information:

Employer: _____ Phone#: _____

Address: _____ Job Title: _____

City: _____ State: _____ Zip: _____

Supervisors Name: _____ Shift: _____

Job Function/Skills _____

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References:

List the Fire or E.M.S. organizations that you are or had been a member of :

Name: _____ Position Held: _____
Address: _____ Years of Svc. _____
City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Position Held: _____
Address: _____ Years of Svc. _____
City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Position Held: _____
Address: _____ Years of Svc. _____
City: _____ State: _____ Zip: _____ Phone: _____

List Three (3) persons not related to you that could be use as a reference

Name: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip: _____ How do you know this person: _____

Name: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip: _____ How do you know this person: _____

Name: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip: _____ How do you know this person: _____

Education:

High School: _____ Address: _____
City: _____ State: _____ Zip: _____
Years Attended: _____ Graduation date: _____
G.E.D. completion date if applicable: _____

College/ University: _____ Address: _____
City: _____ State: _____ Zip: _____
Years Attended: _____ Graduation Date: _____
Major/Minor: _____

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List any Certifications that are Fire, Rescue, E.M.S. related:

Certification: _____ Certification #: _____
Issuing Agency: _____ Exp. Date: _____

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**ATTACH ANY/ALL TRAINING CERTIFICATES THAT WOULD BE BENEFICIAL IN THE
DECISION OF YOUR ACCEPTANCE FOR MEMBERSHIP**

Please list any other reasons why you feel your membership in this organization should be granted.

Membership Agreement

Type of Membership Requested:

Active Firefighter _____ Active/Social _____ Junior _____

I, an applicant of the _____, do hereby agree to abide by all organization By-Laws as set forth by the organization. Furthermore, I understand that I must follow all directions from instructors, and company officers.

I also agree and permit the _____ to make any and all necessary inquiries and investigations relating to the validity of the information provided on this application.

I shall at all times endeavor to the best of my ability, serve, protect and better the organization of the _____.

The information provided true and accurate to the best of my knowledge. I understand that falsification and or misrepresentation of facts may be cause for dismissal or rejection of this application.

Affidavit required under State Act 168 of 2006:

By signing the application the applicant affective attests to the following:

I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 19 Pa. C.S. 3301 or any similar offense under any Federal or State Law.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to a fine of at least \$1,000.00.

The Fire Department reserves the right to deny employment or affiliation based on the results of a criminal background check. The Fire Department will consider criminal convictions and arrests, particularly those involving moral turpitude. Examples of criminal felony and misdemeanor convictions or arrests that may results in denial of employment or affiliation with the Fire Department include, but are not limited to, crimes involving violence, sexual assault, or exploitation, drugs or alcohol, weapons, theft, fraud or embezzlement. As a matter of public trust, it is essential that all members uphold the mission, values and integrity of the Fire Department.

APPLICANTS SIGNATURE: _____ Date: _____

Signature of Parent (if under 18): _____ Date: _____

Sponsoring Members Name: _____ Date: _____

Sponsors Signature: _____ Date: _____

(by sponsoring this individual I the member of RHC #1 attest to the credibility of this Applicant.)

The _____ Does not discriminate against any applicant of race, religion, nation of origin, or sex in accordance with Civil Rights Act of 1964

Company Use Only:

Investigation Committee Remarks: _____

Date of Proposal: _____ Date of Acceptance/Denial: _____

Back Round Check Completed: _____ Yes _____ No

Findings: Recommend _____ Deny _____

Swatara Township Fire & Rescue Services

AUTHORIZATION TO RELEASE INFORMATION

I, _____
Last Name First Name Middle Name

Current Address Years lived there

Address for the Past Five (5) Years:

Date of Birth Other Names Used Years Used

I do hereby authorize a review and full disclosure of all records which may include employment, education, driving, financial history, personal character, worker's compensation records in accordance with A.D.A., labor wages, etc., or any part thereof, to any duty authorized agent of the **SWATARA TWP. FIRE & RESCUE** for identification purposes **ONLY**. The intention of the Authorization is to provide information which will be considered in determining my suitability for membership.

Applicants Signature Date

Print Name

Swatara Twp. Fire & Rescue, 599 Eisenhower Blvd. Harrisburg, Pa. 17111
717-564-2551, www.swataratwp.com:

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____