

Name: _____

PERSONNEL CONFIDENTIAL



BERKELEY HILLS FIRE COMPANY



Allegheny County Station 247
235 Siebert Rd. Pittsburgh, Pa. 15237
Phone (412) 366-2910 Fax (412) 847-0631
Established 1942

Application for Membership

Date of Submission: _____

Received by: _____

Type of Membership

Firefighter Fire Police QRS Administrative

Recommended by: _____

Applicant Information

Full Name (first middle last): _____

Address: _____ City: _____, State: ____ Zip: _____

Phone Home: (____) _____ Work: (____) _____ x ____ Mobile: (____) _____

Email address: _____ Instant Messaging

Drivers License Num: _____ State ____ AOL _____

Class: _____ Restrictions: _____ Yahoo _____

Expiration: ____/____/____ MSN _____

Social Sec. Num: ____-____-____ Jabber _____

Blood Type: ____ Date of Birth: ____/____/____ Other _____

Please list any medical conditions:

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City: _____, State: ____ Zip: _____

Phone: Home: (____) _____ Work: (____) _____ x ____ Mobile: (____) _____

Name: _____

PERSONNEL CONFIDENTIAL

Page: 2

Occupational Information

Current Occupation: _____
Employer: _____
Address: _____ City: _____, State: ____ Zip: _____
Supervisor's Name: _____

Education

Education other than fire service training

	Name of School	Degree	Graduation Date
High School	_____	high school diploma	_____
College (undergrad)	_____	_____	_____
College (grad)	_____	_____	_____
Other School	_____	_____	_____
Other School	_____	_____	_____

Emergency Service Information

Please list any emergency service organisations you are or have been affiliated with:

Dates

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

In order to receive up to ten years credit towards life membership, you must submit documented proof of active fire company membership to the Recording Secretary within six months of membership. Only service prior to becoming a member of Berkeley Hills is eligible for life member credit.

Firefighter Certifications

- Firefighter I
- Firefighter II
- PA Fire Instructor

Please attach copies of all training certificates

Medical Certifications

- First Aid
- First Responder
- EMT
- Paramedic

date first certified

Name: _____

PERSONNEL CONFIDENTIAL

Page: 3

References

Please four references other than family members that we can contact.

Name	Relationship	Phone Number
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____
4. _____	_____	(____) _____

Criminal History

Please list any crimes or traffic violations you have been convicted of:

Skills

Please list any other special skills you have:

Name: _____

PERSONNEL CONFIDENTIAL

Page: 4

Statement of Understandings and Authorizations

I hereby apply for membership in the Berkeley Hills Fire Company (hereinafter known as the Company) and, if accepted for membership, I will comply with the bylaws, policies, standard operating guidelines, and the conduct expected of company members.

I authorize the Company to investigate the statements made in this application, I understand that an investigation of these statements may be made, including but not limited to, a criminal background check and a Bureau of Motor Vehicles records check. I understand that omitting or falsifying information in this application or any subsequent interview connected with this application might result in denial of membership or expulsion from the Company.

I hereby authorize the following parties to release any and all information concerning me to the Officers of the Company and their agents:

1. Bureau of Motor Vehicles of the Commonwealth of Pennsylvania, or any other state driver's license authority;
2. Any Law Enforcement Agency;
3. Any emergency services agency I was ever a member of;
4. Any employer, past or present.

Signature of Applicant:

_____ Date: _____

Printed Name: _____

Signature of parent or guardian if applicant is under the age of 18:

_____ Date: _____

Printed Name: _____

Berkeley Hills Fire Company is an equal opportunity Employer and does not discriminate on the basis of sex, race, creed, age or nationality.

Name: _____

PERSONNEL CONFIDENTIAL

Page: 6

Please do not write on this page. For administrative use only.

Date of interview: ___/___/_____

Interviewer: _____

Date approved by Board: ___/___/_____

Date elected to
Probationary Membership: ___/___/_____

Comments: