

DEWEY FIRE COMPANY No. 1 EMS

502 Durham Street, Hellertown, PA 18055

Station: 610-838-1677

Fax: 610-838-1688

Visit us at www.deweyfireco.org

Application for Membership

Instructions: Complete all parts of application form by providing as much information as possible. Completed applications should be dropped off or mailed to Dewey Fire Company No. 1 EMS at the above address.

Please Note: A criminal background check is required upon submitting application.

Please Print

PERSONAL INFORMATION:

NAME: Last _____ First _____ MI. _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Cell/Pager: (_____) _____ - _____

Date of Birth: ____/____/____ S.S. #: _____ - _____ - _____

E-mail Address: _____

DRIVERS LICENSE:

Number: _____ State: _____ Exp. Date: _____

Class: ____ Has it ever been suspended? ____ If yes, explain: _____

PARENTS OR GUARDIANS: (for applicants under 18 years of age)

Name: Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

EDUCATION:

High School: _____ Diploma: _____ Study: _____

Vo-Tech or Trade School: _____ Diploma: _____ Study: _____

College: _____ Degree: _____ Study: _____

MILITARY SERVICE:

Did you serve in the Armed Forces? ____ If yes, What Branch: _____

How many years? ____ Date and Type of Discharge: _____

Duties and Training: _____

EMPLOYMENT HISTORY:

Company/Employer Name: _____ Years: _____ Position: _____ Phone: _____

GENERAL INFORMATION:

Are you a U.S. Citizen? _____ Have you ever been arrested/convicted of a felony or a misdemeanor? ___Y ___N If yes, please explain.

Why do you want to join Dewey Fire Company No. 1 EMS?

Are you currently a member of any other volunteer fire or EMS department?

If yes, which one(s)?

Contact Person: _____ Phone: _____

List any Emergency Services Training or Certification(s):

REFERENCES: (Three other than family)

1. _____ Phone: _____

Address: _____

How long have you know this person? _____ Occupation: _____

2. _____ Phone: _____

Address: _____

How long have you know this person? _____ Occupation: _____

3. _____ Phone: _____

Address: _____

How long have you know this person? _____ Occupation: _____

EMERGENCY CONTACT:

1. Name: Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____-_____ Cell/Pager: (_____) _____-_____

2. Name: Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____-_____ Cell/Pager: (_____) _____-_____

Statement of Certification

I, the undersigned, hereby claim that, to the best of my knowledge, all information provided on this application is true and correct. Further, I understand that any information which has been given incorrectly is cause for rejection or dismissal from the company. Permission is hereby granted to Dewey Fire Company No. 1 EMS to contact any and / or all persons listed on this application, and any government agency which may have knowledge of my background.

Signature: _____ Date: _____