

PEEBLES DISTRICT VOLUNTEER FIRE CO.

FIREFIGHTER APPLICATION

Today's Date: _____

Applicant's Name: _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Driver's License Number and State (if you drive): _____ (Attach Copy)

Home Address: _____

City, St, ZIP: _____

Home Phone: _____ Cell Number: _____ (if any)

E-mail: _____

Alternate Address (if needed): _____

Alternate Phone: _____

EMERGENCY CONTACT INFORMATION

Name(s): _____

Phone

Home: _____

Work: _____ Cell: _____

Relation to you: _____

Are you related to a member of the Peebles District Vol. Fire Co.? Yes No

If so, who? _____

MEDICAL INFORMATION

Your Doctor's Name and Phone:

Are you aware of any medical conditions that might interfere with the conduct of any duties associated with the fire service, which include strenuous exercise, highly stressful situations, and exposure to the extremes of weather and temperature? These must be communicated to the chair of the membership committee prior to the review of your application. No Yes, explain

List any accommodations or adaptations you might need to perform your duties:

BACKGROUND INFORMATION

What experience do you have related to the fire service?

What interests you the most about becoming involved with Peebles District Vol. Fire Co.? (use the back of this page if necessary)

Are you able to attend meetings and training on a regular basis (most are Tuesday nights from 7-10pm)?
Yes No If not, why?

Have you ever been arrested, ticketed or fined in the last five years? No Yes If so, list the date and charge:

(Felony convictions will prevent you from being a member of Peebles District Vol. Fire Co.)

WORK INFORMATION

Current Employer: _____

Address: _____

Phone: _____

Your position/title/duties: _____

Supervisor Name/Title: _____

May we contact your employer? Yes No

Any other extra activities you would like us to consider: (sports, church, leadership, etc.)

REFERENCES

We would like to call at least two people who are not related to you and who have a definite knowledge of your qualifications for membership in the fire service. Do not repeat names listed above. Current members of Peebles are not eligible to act as references.

Friend, Co-worker, Friend of family, etc:

Name: _____

Phone: _____

Email: _____

Best time to contact them: _____

Name: _____

Phone: _____

Email: _____

Best time to contact them: _____

I do hereby promise to adhere to and abide by the rules and regulations set forth by the Commonwealth of Pennsylvania and the Peebles District Vol. Fire Co. I understand that I am not to appear at a fire scene, training event or department function under the influence of drugs or alcohol. I agree to abide by all traffic laws when responding to an incident. I understand that it is the right of Peebles District Volunteer Fire Co. to terminate membership according to their bylaws at any time. I understand that it is the responsibility of Peebles District Volunteer Fire Co. to investigate driving records, criminal background and firefighter medical qualifications for all members. Upon my termination (voluntary or involuntary), I will surrender all issued equipment in a timely manner.

X _____

Applicants Signature

Date

FOR DEPT USE ONLY:

_____ Date received

_____ References

_____ Interview

_____ Recommendation

_____ Vote