



Citizen's Fire Company #1

100 Chestnut St.
Mt. Holly Springs, PA 17065
Phone: (717) 486-5151 Fax: (717) 486-8574
www.CitizensFire36.org

MEMBERSHIP APPLICATION

Current Information:

Full Name: Last: _____ First: _____ Middle: _____

Current address: _____ City: _____
State: _____ Zip Code: _____ Phone# _____ Cell#: _____

Date of birth: _____ Social Security number: _____

Drivers License number: _____ class: _____ expiration date: _____
State: _____

(List any others in this space) # _____ class: _____ expiration date: _____
State: _____

- 1) Emergency Contact: Name: _____ Phone # _____
Address: _____
- 2) Emergency Contact: Name: _____ Phone # _____
Address: _____

Type of Membership applying for: 1) **Regular** ___ 4) **Auxiliary** ___
(Please check all that apply) 2) **Social** ___ 5) **Fire Police** ___
3) **Junior** ___

Medical History:

Have you ever had any serious injury or illness that could affect your ability to be a fire fighter? (I.e. high blood pressure, diabetic problems, breathing problems etc.) YES ___ NO ___ if yes please list all medications that you are currently taking to help with your illness and explain what the illness is:

*Allergies to any medications? List all that apply _____

Past History:

1) Have you ever been convicted of any crimes? YES___ NO___
(If yes please explain)

2) Are you now, or ever been, a member of another department whether fire or EMS? YES___
NO___

(If yes please list the department and number of years of membership, and Fire Chief's name and number)

3) Have you ever been disciplined at the department stated above? YES___ NO___ (If yes please explain actions that happened both what you did and the department)

4) Are you a student currently in high school, trade school, or college? YES___ NO___ (If yes please give name of school, full address, major, years attended)

5) Do you have any Fire or EMS qualifications? YES___ NO___

(If yes please make photo copies of all qualifications. If copies cannot be made we will assist you.

Also note all copies will not be returned)

6) Are you in the military? YES___ NO___ if so list rank: _____ number of _____ years: _____
branch: _____

Current Employment:

-Please list current place of employment in space provided-

Employer: _____ Address: _____ City: _____

State: ___ Zip _____ Phone number: _____ Number of years employed: _____

Name of Supervisor: _____

Supervisor's phone number: _____ Shift: ___ Hours: _____ per week

Briefly explain your duties at your job: _____

References:

*-Please list three references that are not related to you
In any way and that you haven't listed already.-*

1) Name: _____ Phone# _____ Address _____
City: _____ State: ____ Zip Code: _____

2) Name: _____ Phone# _____ Address: _____
City: _____ State: ____ Zip Code: _____

3) Name: _____ Phone# _____ Address: _____
City: _____ State: ____ Zip Code: _____

I hereby request consideration as an applicant for membership in the Citizen's Fire Co. No. 1 of Mt. Holly Springs promising if elected into membership, to abide by the constitution, by-laws and all rules and regulations. Any mis-statement by the applicant will be sufficient cause for removal from the rolls. I also consent to a full background check but the Citizen's Fire Co. No.1. I further certify that all information provided is true to the best of my knowledge.

Applicant's Signature

If under 18, working papers must accompany application:

Signature of parent or legal guardian

Address and phone number of parent or legal guardian:

Official Use Only

Date proposed _____
Date probation _____
Date accepted active or social _____
Date driver _____
Date Life member _____

Termination date _____
Investigation by _____
Drivers license check _____
Background check _____