

**COCHRANTON VOLUNTEER FIRE-AMBULANCE DEPARTMENT INC.**

**APPLICATION for MEMBERSHIP**

**FOR OFFICIAL USE ONLY**

Application Date: \_\_\_\_\_

Accepted \_\_\_\_\_  
Rejected \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Yrs lived there: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Yrs lived there: \_\_\_\_\_

**Position(s) Applied For (check the appropriate Titles)**

FIRE FIGHTER  JR. FIREFIGHTER  AMBUANCE  FIRE POLICE  SCUBA TEAM  AUXILIARY  FUNDRAISER

Have you had any Prior Fire Department or EMS experience?  YES  NO If Yes, please list Department Name, Address and date of service.

Department Name: \_\_\_\_\_ Address: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Department Name: \_\_\_\_\_ Address: \_\_\_\_\_ Date of Service: \_\_\_\_\_

*We reserve the right to contact your previous Fire Department or EMS affiliate unless checked... DO NOT CONTACT AFFILIATE*

Certificates/Qualifications (Special Firefighting/EMS Training)	Current Date	Expiration Date
_____	_____	_____
_____	_____	_____

**Military Service:**

Where you in the Armed Forces?  Yes  No Branch: \_\_\_\_\_ Dates of Duty: \_\_\_\_\_ Rank@ Discharge: \_\_\_\_\_

**In Case of Emergency the Following Person Should he Notified:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Applicant: The following information is needed for a bonafide occupational qualification, National Security laws, or other legally permissible reasons. The Civil Rights Act of 1964 prohibits employment discrimination because of Race, Color, Religion, Sex or National Origin. P.L 90-202 prohibits discrimination because of age to those who are at least 40 but less that 65 years old.**

Are you over 21?  Yes  No If no, membership is subject to verification that you are of legal minimum age.

Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Selective Service Classification: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed Date of Marriage: \_\_\_\_\_

No. of Dependents: \_\_\_\_\_

Do you have a valid PA license?  Yes  No License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have or had a drug or alcohol problem?  Yes  No

**If YES, describe:** \_\_\_\_\_

Have you had any illness in the last 8 Years?  Hepatitis  Back Injury  Heart Condition  HIV  
 Other (Describe) \_\_\_\_\_

Have you received compensation for injuries?  Yes  No

**If YES, describe:** \_\_\_\_\_

Have you ever been suspended or terminated from any job or other department?  Yes  No

**If YES, describe:** \_\_\_\_\_

Have you been convicted of a misdemeanor or felony in the past 10 years?  Yes  No

**If YES, describe:** \_\_\_\_\_

**Employment History:**

Employer name & address	Date		Type of Work	Reason for leaving
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*We reserve the right to contact your employers unless you check here \_\_\_\_\_*

Do you have any physical impairments which preclude you from performing certain kinds of work? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If YES, describe:** \_\_\_\_\_

**Use this space to summarize any additional information necessary to describe your full qualifications:**

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**Upon approval of application -This applicant agrees to abide by the constitution, by-laws and standard operating guidelines of this department.**

*I agree that any false statement in this application shall be sufficient cause for rejection or dismissal. I hereby grant permission to investigate any of the information included in this application and to submit to a medical examination if required.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**Applicant Interview:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ Test given: \_\_\_\_\_

**Results of Interview/Comments**

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Acceptable for Membership: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date membership voted: \_\_\_\_\_ Job Title: \_\_\_\_\_ Probation Date: \_\_\_\_\_

ID #: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_