

Palmerton Municipal Fire Company

VOLUNTEER MEMBERSHIP APPLICATION



Application Information

Full name:

Last First M.I.

Date:

Address:

Street address Apt/Unit #

Phone:

Email:

Date Available:

Driver's License

#

Position applied for:

Are you a citizen of the United States?

Yes ☐

No ☐

If no, are you authorized to work in the U.S.?

Yes ☐

No ☐

Have you ever been a member of this company

Yes ☐

No ☐

If yes, when?

Have you ever been convicted of a felony?

Yes ☐

No ☐

If yes, explain?

Education

High school:

Address:

From:

To:

Did you graduate?

Yes ☐

No ☐

Diploma:

College:

Address:

From:

To:

Did you graduate?

Yes ☐

No ☐

Degree:

Other:

Address:

From:

To:

Did you graduate?

Yes ☐

No ☐

Degree:

Prior Training and Experience

Fire Certifications:	Structural Burn <input type="checkbox"/> Engin Co. Ops. <input type="checkbox"/> Truck Co. Ops. <input type="checkbox"/>	Firefighter 1 <input type="checkbox"/> Firefighter 2 <input type="checkbox"/> Essentials Mod 1 <input type="checkbox"/> Essentials Mod 2 <input type="checkbox"/> Essentials Mod 3 <input type="checkbox"/> Essentials Mod 4 <input type="checkbox"/> Firefighter Survival <input type="checkbox"/> Rapid Intervention Team Basic <input type="checkbox"/>	
Rescue Certifications:	Basic Vehicle <input type="checkbox"/> Water WRER <input type="checkbox"/> Rescue Diver <input type="checkbox"/>	Water Rescue Boat Operations <input type="checkbox"/> PA Boater Safety <input type="checkbox"/> PADI or Equivalent Open Water SCUBA <input type="checkbox"/> Confined Space <input type="checkbox"/>	
Medical Certifications:	Paramedic <input type="checkbox"/> EMT <input type="checkbox"/>	Paramedic <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/>	
FEMA Certifications:	NIMS 100 <input type="checkbox"/> NIMS 200 <input type="checkbox"/> NIMS 300 <input type="checkbox"/>	NIMS 400 <input type="checkbox"/> NIMS 500 <input type="checkbox"/> NIMS 600 <input type="checkbox"/>	NIMS 700 <input type="checkbox"/> NIMS 800 <input type="checkbox"/>
Fire Police Certifications	Basic <input type="checkbox"/>	Advanced <input type="checkbox"/>	Highway Safety <input type="checkbox"/>
HAZMAT Certifications	Operations <input type="checkbox"/>	Awareness <input type="checkbox"/>	
Driver Operator Certifications	EVDT or Equiv <input type="checkbox"/>	Pump Operations 1 <input type="checkbox"/>	Pump Operations 2 <input type="checkbox"/> Aerial Apparatus Ops <input type="checkbox"/>
Other Training and Certifications			

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Military Service

Branch:	_____	From:	_____ To: _____
Rank at discharge:	_____	Type of discharge:	_____
If other than honorable, explain:	_____		

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my dismissal.

I understand that I am to provide a criminal history background check and child abuse history check.

Signature:

Date:

Print
