

READ INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT THIS APPLICATION

INSTRUCTIONS

- Answer every question. Leave no answers blank. If a question does not apply to you, answer "N/A" (Not Applicable).
- An applicant may be rejected if he/she has intentionally made a false statement of a material fact or if he/she committed or attempted to commit deception or fraud in this application.
- The applicant shall personally prepare this form. All entries, except the signatures, must be hand written in ink.
- If the space provided for answering any question is insufficient, attach a separate sheet of paper and include the question number above the answer continuation.
- Please include any relevant training document(s) with your application.

Delanco Emergency Squad Membership Application

1. Date of Application: ____/____/____
2. Name (First, MI, Last): _____
3. Home Address: _____
4. If you have lived at your current address fewer than 3 years, list your previous address:

5. Home Phone: _____ Cell Phone: _____
6. Email: _____
7. Date of Birth: ____/____/____ Place of Birth: _____ US Citizen? Y / N
8. Driver's License#: _____ Issuing State: ____ Expiration Date: ____/____/____
9. Have you previously applied for membership with either the Washington Fire Co. or the Delanco Emergency Squad? If so, list the approximate date: ____/____/____
10. Were you ever a member of another volunteer fire company or emergency squad? If so, list their name & address and an approximate date range of your membership: _____

11. Did you resign in good standing? If "No" to the previous question, please explain:

12. List any firefighting and/or emergency medical training courses you have attended, as well as any relevant certifications/citations you have earned: _____

13. List 2 personal references (not related to you) who have known you for a minimum of 3 years:
- a. Name: _____ Phone#: _____
City, State, Zip: _____
- b. Name: _____ Phone#: _____
City, State, Zip: _____
14. Employment History: (If fewer than 3 years at current job, please list your previous employer's information):
- a. Company: _____ Job Title: _____ Phone#: _____
City, State, Zip: _____
Supervisor: _____ Start Date (mm/yy): ____ / ____ End Date: ____ / ____
- b. Company: _____ Job Title: _____ Phone#: _____
City, State, Zip: _____
Supervisor: _____ Start Date (mm/yy): ____ / ____ End Date: ____ / ____
15. Have you ever been dismissed or asked to resign from employment? If Yes, please explain: _____

16. Have you ever been subject to disciplinary action in connection with any previous employment? If Yes, please explain: _____

17. Have you ever been arrested for or charged with a violation of any criminal law? If Yes, please explain: _____

18. Have you ever received a moving violation in this state or any other state? If Yes, please explain: _____

19. Has your driver's license ever been suspended or revoked in any state? If Yes, please explain: _____

20. Have you ever been involved in a motor vehicle accident that resulted in property damage or personal injury to you or anyone else? If Yes, please explain: _____

21. Delanco Fire & EMS Services has the right to conduct random drug testing to any member without giving prior notification. Do you agree to those terms?
- I AGREE I DO NOT AGREE
22. Briefly explain your reasons for wanting to volunteer with our organization: _____

PLEASE READ CAREFULLY:

- I hereby certify that the information I have given is true and correct to the best of my knowledge.
- I understand that any misrepresentation in this application will be grounds for immediate disqualification and revocation of my membership.
- I understand that this application must be completed in its entirety.

I hereby allow representatives of the Delanco Fire & EMS Services and/or its representative agents to conduct an investigation into my background, which could involve any law enforcement agency, insurance company, motor vehicle commission, personal references or any other agency needed to establish the physical and technical ability and character fitness of the applicant. I also understand that all applicants must pass a medical examination to verify physical competency.

Signature of Applicant

Date

Signature of Guardian (if applicant is under 18 years of age)

Date

Background Check Authorization

This section must be signed by the applicant and notarized before submitting

- Date of Application: ____/____/____
- Name (First, MI, Last): _____
- Home Address: _____
- If you have lived at your current address fewer than 3 years, list your previous address: _____

- Date of Birth: ____/____/____ City/State of birth: _____ US Citizen? Y/N
- Social Security Number: _____-_____-_____
- Driver's License#: _____ Issuing State: ____ Expiration Date: ____/____/____
- Military Service? Y/N

RELEASE AUTHORIZATION

To all courts, probation departments, Selective Service Boards, physicians, hospitals, employers, educational and other institutions and agencies without exception.

I, _____ am making application to Delanco Fire & EMS Services. As a result, an investigation is being conducted to determine my eligibility for membership/employment.

You are authorized to release to Delanco Fire & EMS Services or its representatives, any and all information documentary or otherwise pertaining to the above applicant that they may request.

I hereby release, discharge, and exonerate Delanco Fire & EMS Services, its agents or representatives and any person so furnishing information, from any liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records, and other information or the investigation made by Delanco Fire & EMS Services.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature: _____ Date: _____

Witness Name (Please Print): _____

Witness Signature: _____ Date: _____

(Notary):
