

WEST MEAD TOWNSHIP, DISTRICT 2
VOLUNTEER FIRE DEPARTMENT
AND RELIEF ASSOCIATION
20607 RYAN ROAD
MEADVILLE, PA 16335

NAME: _____ SOCIAL SECURITY #: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

PHONE #: _____ 2ND PHONE #: _____ PAGER #: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ PLACE OF BIRTH: _____

DRIVER'S LICENSE #: _____ ISSUING STATE: _____

ARE YOU A U. S. CITIZEN?: Y / N HEIGHT: _____ WEIGHT: _____

HEALTH: (CIRCLE ONE) EXCELLENT GOOD FAIR POOR

DO YOU HAVE ANY DISABILITIES THAT WOULD PROHIBIT YOU FROM PERFORMING FIRE FIGHTING DUTIES? PLEASE DESCRIBE... _____

DO YOU HAVE ANY ALLERGIES? PLEASE DESCRIBE... _____

MARITAL STATUS: (CIRCLE ONE) MARRIED SINGLE SEPERATED DIVORCED

SPOUSE'S NAME: _____

EDUCATION: (CIRCLE HIGHEST LEVEL COMPLETED) 1 2 3 4 5 6 7 8 9 10 11 12 FR SO JR SR

NAME AND LOCATION OF HIGH SCHOOL: _____

DATE OF GRADUATION: _____

TECHNICAL OR TRADE SCHOOLS ATTENDED: (INCLUDE DATES) _____

SUBJECT(S) STUDIED: _____

COLLEGE OR UNIVERSITY ATTENDED: (INCLUDE DATES, MAJORS AND DEGREES EARNED)

MILITARY SERVICE BRANCH: _____

RANK: _____

DATES OF SERVICE: _____

TYPE OF DISCHARGE: _____

SPECIALTY FIELD: _____

DUTIES: _____

RESERVE OR NATIONAL GUARD SERVICE?: _____

RANK: _____

DUTIES: _____

MEETING/TRAINING REQUIREMENTS: _____

EMPLOYMENT: (CIRCLE)
UNEMPLOYED

WORKING

LAID OFF

DISABILITY

PRESENT EMPLOYER: _____

IMMEDIATE SUPERVISOR: _____

JOB TITLE: _____

CONTACT PHONE #: _____

PREVIOUS EMPLOYER: _____

IMMEDIATE SUPERVISOR: _____

JOB TITLE: _____

CONTACT PHONE #: _____

REFERENCES: (PLEASE LIST THREE INDIVIDUALS WHO ARE NOT MEMBERS OF YOUR FAMILY AND WHO ARE FAMILIAR WITH YOUR CHARACTER, EDUCATION, AND WORK EXPERIENCE)

NAME

COMPLETE ADDRESS

NAME	COMPLETE ADDRESS
_____	_____
_____	_____
_____	_____

OTHER ORGANIZATIONS YOU BELONG TO: (NOT RELATED TO EMERGENCY SERVICES) _____

HOBBIES/INTERESTS: _____

HAVE YOU EVER BEEN A MEMBER OF A FIRE / RESCUE / EMS SERVICE? Y / N

NAME AND ADDRESS OF THAT SERVICE: _____

DATES OF SERVICE: _____

HIGHEST RANK: _____

ADMINISTRATIVE POSITIONS HELD: _____

REASON FOR LEAVING: _____

LIST ALL CURRENT FIRE/RESCUE/EMS CERTIFICATIONS: _____

IN A BRIEF PARAGRAPH, EXPLAIN WHY YOU WISH TO JOIN THIS DEPARTMENT, WHAT WE WILL GAIN BY YOUR MEMBERSHIP, AND WHAT YOU EXPECT TO GAIN BY YOUR MEMBERSHIP: _____

MAY THE FIRE OFFICERS CONTACT YOUR PRESENT EMPLOYER, OTHER LISTED ORGANIZATIONS, OR YOUR REFERENCES WITH QUESTIONS REGARDING YOUR CHARACTER? Y/N

IF NO, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION OF RESPONSIBILITY? Y/N

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN FORCED TO RESIGN SUCH A POSITION? Y/N

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN ARRESTED, SUMMONED INTO COURT AS A DEFENDANT, INDICTED, CONVICTED, FINED, IMPRISONED, OR PLACED ON PROBATION? Y/N

IF YES, PLEASE EXPLAIN: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENTS

I hereby authorize the investigation of all statement in this application. I Understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my acceptance *may* be dependent upon the successful completion of a physical agility test, a written aptitude test, and a complete medical examination.

SIGNATURE: _____ DATE: _____

I AGREE TO RETURN ALL FIRE DEPARTMENT PROPERTY ASSIGNED OR ISSUED TO ME AND APPEARING ON MY PERSONAL INVENTORY LIST WHEN, FOR WHATEVER REASON, I AM NO LONGER AN ACTIVE MEMBER OF WEST MEAD #2 VFD.

SIGNATURE: _____ DATE: _____

ALL NEW MEMBERS ARE SUBJECT TO A 6 MONTH PROBATIONARY PERIOD.

IT IS A REQUIREMENT OF ALL ACTIVE MEMBERS TO MAINTAIN A 50% ATTENDANCE RECORD FOR MEETINGS AND DRILLS.

Do NOT WRITE BELOW THIS LINE

DATE APPLICATION RECEIVED: _____ ACTIVE APPLICATION #: _____

MEMBER PROPOSING APPLICANT: _____

DATE OF PROPOSAL AT MEETING: _____

DATE INTERVIEWED: _____ INTERVIEWED BY: _____

COMMENTS: _____

SIGNATURES OF COMMITTEE:

DATE OF VOTE: _____ RESULTS: ACCEPTED REJECTED