



# WEST SHORE BUREAU OF FIRE

510 HERMAN AVENUE • LEMOYNE, PA 17043-1598 • (717) 737-2924 • FAX (717) 737-2925

## MEMBERSHIP APPLICATION

Date \_\_\_\_\_

**PLEASE PRINT OR TYPE**

If additional space is needed, please use another sheet.

**Initiation Fee: \$5.00**

(Initiation fee must accompany application)

FOR COMPANY USE ONLY	
Date Application Received	_____
Date Background Started	_____
Date Background Received	_____
Date Accepted/Rejected	_____
Membership Secretary Signature	_____

FULL NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER'S ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ # YEARS EMPLOYED \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ CLASS \_\_\_\_\_ STATE \_\_\_\_\_

1. Have you ever been convicted of any felony or misdemeanors?  Yes  No  
 If yes, list convictions on separate sheet of paper and attach to application in a sealed envelope.  
 (NOTE: CRIMINAL CONVICTION MAY PREVENT CONSIDERATION TO MEMBERSHIP IF IT RELATES TO SUITABILITY FOR POSITION OR OFFICE.)

2. List all moving violations in the past five years. (If more space is needed, attach an extra sheet)

Date	Place	Violation
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Which of the following are you interested in:  
 Firefighting  Yes  No Fund Raising  Yes  No Fire Police  Yes  No

4. Are you now, or have you ever been, a member of any other Fire Department?  Yes  No

5. If yes, list departments and years of membership: \_\_\_\_\_

6. Attach all valid documents pertaining to the fire service.

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7. **Medical:** Have you experienced any injury or illness in the past five years which could affect your ability as a firefighter?  Yes  No (Includes High Blood Pressure, Diabetic, breathing problems, etc.)

If yes, explain \_\_\_\_\_

Allergies to any medications or insect bites?  Yes  No

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8. Has disciplinary action been taken against you in any emergency service organization?  Yes  No

9. List three references (relatives not acceptable)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa.C.S. § 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.

I hereby request formal consideration as an applicant for membership into the West Shore Bureau of Fire.

\_\_\_\_\_  
Applicant's Signature

If under the age of 18, working papers must accompany this application.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address of Parent or Guardian

All approved applicants will serve six month probation.

**THIS APPLICATION MUST BE SUBMITTED TO THE WEST SHORE BUREAU OF FIRE MEMBERSHIP SECRETARY BY THE FIFTEENTH (15<sup>TH</sup>) DAY OF THE MONTH.**