



Upper Saucon Volunteer Fire Department #1



4445 West Hopewell Road
Center Valley, PA 18034

Telephone (610) 791-0266
Fax (610) 791-2727

Application for Membership

(Please check one.)

Active _____

Associate _____

Junior (age 14-17) _____

Do Not Write in this Block.

Rec'd: _____ By: _____

Meeting: ___/___/___

Approved: _____ Rejected: _____

Letter Sent: ___ Date: ___/___/___

Instruction for Applicant: Complete all parts of this application form by providing as much information as possible, including full names, addresses, phone numbers and all necessary details. Completed application and criminal history check should be dropped off or mailed to the address in the letterhead above, Attention: Membership Committee. Please refer to instructions on the last page of this application.

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION:

Name: _____

Address: _____

Phone (Home and Cell): _____

U.S. Citizen?: _____ Email Address: _____

Have you ever been convicted of a crime? (Subject to check.) _____

If "YES", please explain: _____

DRIVER'S LICENSE:

Number _____ State _____ Expiration Date _____ Class _____

Ever been suspended? (If yes, why?) _____

PARENTS OR GUARDIANS: (for applicants under 18 years of age.)

Name: _____

Address: _____

Phone (Home and Cell): _____

CURRENT OR MOST RECENT EMPLOYER:

Company Name: _____
Address: _____
Phone: _____
Present Position: _____ Number of Years There _____

EDUCATION:

High School: _____ Year Graduated _____
Trade School or Vo-Tech _____ Year Graduated _____
College: _____ Year Graduated _____
List Degrees Earned or Specialized Training _____

MILITARY:

Have you ever served in the Armed Forces? _____
If so, what branch? _____ How many years? _____
Date and type of discharge: _____
List Specialized Training: _____

EMERGENCY CONTACT PERSON:

Name: _____
Address: _____
Phone (Home and Cell): _____

PREVIOUS FIREFIGHTING EXPERIENCE OR TRAINING:

Department Name & Address: _____
Chief's Name & Phone Number: _____
First Responder Credentials or Certifications: _____

Please attach copies of any training certificates.

Do you know any past or current members of the Upper Saucon Fire Department who would recommend you for membership? _____

If so, please list them: _____

LIST THREE (3) REFERENCES:

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Statement of Certification

I, the undersigned, hereby claim that to the best of my knowledge all information provided on this application is true and correct. I understand that any information that has been given incorrectly is cause for rejection or dismissal from the department. Permission is hereby granted to the Upper Saucon Fire Department to contact any and/or all persons listed on this application and any government agency, which may have knowledge of my background. I will release a copy of my criminal history to the fire department.

Signature _____ Date _____

The Upper Saucon Fire Department does not discriminate on the basis of race, color, sex, religion, ancestry, national origin, age or non-job related disability in the programs and activities that it conducts.

INSTRUCTIONS

1. Fill out this application in ink and please print clearly.

2. Complete the Application background Check:
Go to www.pa.cogentid.com
Go to department of public welfare
Register online
Enter agency ID – PADWS
Reason: Employment
Complete Personal Information
Take receipt number with you to a fingerprint location*
 - UPS Store located at the Giant Shopping Center, 1866 Leithsville Road, Hellertown, PA. 610-838-8323There will be a cost incurred, which will be reimbursed upon successful acceptance of your application and the successful completion of your 90-day probationary period.

3. Make sure that all of your information is accurate.

4. Mail to or drop off your completed application and criminal history check to:

Upper Saucon Fire Department
Attn: Membership Committee
4445 West Hopewell Road
Center Valley, PA. 18034

DO NOT FAX THE APPLICATION. You will be contacted by the fire department to set up a meeting at the fire station, preferably on a Monday night.