

LAWNTON FIRE COMPANY  
52 S 46<sup>TH</sup> ST  
HARRISBURG, PA 17111

## APPLICATION FOR MEMBERSHIP

### PERSONAL INFORMATION:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Sight: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ Class: \_\_\_\_\_

Do you wear glasses or contact lens? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been arrested? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have a criminal record? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain: \_\_\_\_\_

Please list any physical or mental disabilities: \_\_\_\_\_

Please list any medications that you are taking, that we may need to know of in case of an emergency:

### EMERGENCY CONTACT INFORMATION:

In case of emergency notify: \_\_\_\_\_

Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### CAREER INFORMATION:

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Shift: \_\_\_\_\_

Hour/Week: \_\_\_\_\_ Days/Week: \_\_\_\_\_

Describe your job function and list any skills: \_\_\_\_\_

LAWNTON FIRE COMPANY  
52 S 46<sup>TH</sup> ST  
HARRISBURG, PA 17111

## APPLICATION FOR MEMBERSHIP

### REFERENCES:

List the Fire or EMS Organizations that you are presently active in:

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Years of Service: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Years of Service: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Years of Service: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

List the names of three persons not related whom could be used as personal reference:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

### EDUCATION:

High School: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ yes \_\_\_\_\_ no

College / University: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ yes \_\_\_\_\_ no

Major / Minor: \_\_\_\_\_

List any certifications that are Fire, Rescue, EMS related:

Certification: \_\_\_\_\_ Certification #: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

LAWNTON FIRE COMPANY  
52 S 46<sup>TH</sup> ST  
HARRISBURG, PA 17111

## APPLICATION FOR MEMBERSHIP

Certification: \_\_\_\_\_ Certification #: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Certification: \_\_\_\_\_ Certification #: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Please add a copy of any certificates that may be related to the position being applied for.**

### MEMBERSHIP AGREEMENT:

#### TYPE OF MEMBERSHIP REQUESTED:

Active Operational: \_\_\_\_\_ Social: \_\_\_\_\_ Junior: \_\_\_\_\_

I, an applicant of the LAWNTON FIRE COMPANY, do hereby agree to abide by all organization By-Laws as set fourth by the organization. Furthermore, I understand that I must follow all directions from instructors and company officers.

I also agree and permit the LAWNTON FIRE COMPANY to make any and all necessary inquiries and investigations relating to the validity of the information provided on this application.

I shall at all times endeavor to the best of my ability, serve, protect and better the organization of the LAWNTON FIRE COMPANY.

The information provided true and accurate to the best of my knowledge. I understand that falsification and or misrepresentation of facts may be cause for dismissal or rejection of this application.

#### AFFIDAVIT REQUIRED UNDER STATE ACT 168 of 2006:

By signing the application the applicant affective attests to the following.

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.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring LFC Member: \_\_\_\_\_ Date: \_\_\_\_\_

Issuing LFC Officer: \_\_\_\_\_ Date: \_\_\_\_\_

The Lawnton Fire Company does not discriminate against any applicant because of race, religion, nation origin, or sex in accordance with the civil rights act of 1964.

#### FOR COMPANY USE ONLY:

Investigating Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Findings: \_\_\_\_\_ Favorable \_\_\_\_\_ Unfavorable

LAWNTON FIRE COMPANY  
52 S 46<sup>TH</sup> ST  
HARRISBURG, PA 17111

## APPLICATION FOR MEMBERSHIP

### AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Current Address Years Lived Here

Address for the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DOB Other Names Used Years Used

I do hereby authorize a review and full disclosure of all records which may include employment, education, driving, financial history, criminal history, personal character, worker's compensation records in accordance with ADA, labor wages, etc., or any part thereof, to any duty authorized agent of the **LAWNTON FIRE COMPANY** and **SWATARA TOWNSHIP** for identification purposes **ONLY**. The intention of this Authorization is to provide information which will be considered in determining my suitability for membership/employment.

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

\_\_\_\_\_  
Print Name

Lawnton Fire Company 52 S. 46<sup>th</sup> Street Harrisburg PA 17111 (717) 564-6819

