

LAKE CAREY VOLUNTEER FIRE COMPANY

Application for Membership

Membership classification desired: Operations Administrative

Please fill out both sides of this form completely and legibly. Failure to provide all information requested may delay the application process. If you have any questions, please call the LCVFC Membership Committee at 570-836-2355 and leave a message.

PERSONAL INFORMATION

NAME: Last			First	Middle	DATE OF BIRTH	AGE		
ADDRESS: Number & Street					CITY	STATE	ZIPCODE	
PREVIOUS ADDRESS (If lived in current location less than 2 years)								
HOME PHONE			WORK PHONE			CELL OR OTHER PHONE		
PLACE OF BIRTH			U.S. CITIZEN?	IF NOT A CITIZEN, LEGAL RESIDENT?		EMAIL ADDRESS		
HEIGHT	WEIGHT	EYE COLOR		HAIR COLOR		SEX	RACE	BLOOD TYPE
MARITAL STATUS			ROUTINE MEDICATIONS		ALLERGIES	SOCIAL SECURITY NUMBER		
PERSON TO CONTACT IN CASE OF EMERGENCY				CONTACT'S RELATIONSHIP TO YOU		CONTACTS' PHONE NUMBER		
CONTACT'S ADDRESS								

EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE? If yes, month and year:	IF NOT A H.S. GRADUATE, HIGHEST GRADE COMPLETED	NAME/LOCATION OF HIGH SCHOOL	GED? If yes, date completed		
ENTER BELOW AY COLLEGES, UNIVERSITES, OR TECHNICAL SCHOOLS ATTENDED (Use extra paper if necessary)					
Name of school	City/State	Dates Attended	Major	Credits	Degree

FIREFIGHTER/EMT TRAINING

ENTER BELOW ALL FIREFIGHTER, EMT, PARAMEDIC OR OTHER APPLICABLE FIRE/RESCUE SERVICE TRAINING				
Type of certification	Date received	Expiration Date	Where received	Additional Remarks

DRIVING RECORD

PENNSYLVANIA DRIVER'S LICENSE NUMBER (Indicate if you hold an out of state license)	OTHER PERMITS YOU HOLD	CURRENT # OF POINTS (if any)
CLASS OF PERMIT	RESTRICTIONS	Has your permit ever been revoked? If yes, explain.

PERSONAL REFERENCES

PLEASE PROVIDE AT LEAST 3 PERSONAL REFERENCES		
NAME	COMPLETE ADDRESS	OCCUPATION AND TELEPHONE NUMBER

EMPLOYMENT HISTORY

Begin with your most recent employer and work back at least three years. Use extra page if necessary.

EMPLOYER AND ADDRESS	YOUR POSITION	DATES EMPLOYED	SUPERVISOR	PHONE NUMBER

Have you ever been dismissed or forced to resign from any position? If yes, please explain.

MILITARY EXPERIENCE

If you have served in the military fill out boxes that apply.	MILITARY BRANCH	RANK	DATES OF SERVICE	TYPE OF DISCHARGE
SERVICE NUMBER				

Briefly describe your military job(s) and training.

GENERAL INFORMATION

Have you ever been convicted, fined, or placed on probation, or imprisoned since your eighteenth birthday? If Yes, explain.	YES	NO
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Have you ever been an applicant, or member of the Lake Carey Vol. Fire Co. or any other fire dept. or rescue squad. If yes, please provide information below. Use an extra page if necessary.	YES	NO
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NAME of DEPARTMENT	ADDRESS	SUPERVISOR	DATES OF SERVICE

SHORT ESSAY

In the space below – please indicate why you wish to join the Lake Carey Volunteer Fire Company

SIGNATURE

Each statement will be investigated. Any inaccurate, falsified or misleading statement or answer may result in rejection of this application or dismissal from the Fire Company.

APPLICANTS SIGNATURE

DATE OF APPLICATION

Received By: _____

Date Received: _____