



# PENNSBURG FIRE COMPANY No.1

501 PENN STREET, PENNSBURG, PA 18073

PHONE: 215-679-8293 | EMERGENCY DIAL 911

100% VOLUNTEER SINCE 1899

WWW.PENNSBURGFIRE65.COM

FIRE CHIEF: CODY BELMONT

PRESIDENT: PHIL ZIRKELBACH

## Application for Membership

<b>INTERNAL USE ONLY</b>
65-_____

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

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

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

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CDL License # (if app): \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_ Work/Shift Hrs: \_\_\_\_\_

Are you or have you ever been a Firefighter/Fire Police of another Department: \_\_\_\_\_

If Yes, List Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have any physical limitations that may hinder your performance as a firefighter? (ie: high blood pressure, back problems, heart condition etc.) Note: This information will not influence the decision of your membership. Due to the hazardous conditions and physical demands of firefighting, this information is necessary for your safety and the safety of others. Yes/No? \_\_\_\_\_

If Yes, list conditions and treatments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three references (1-work, 1- family, 1-personal). Please include phone numbers:

Work Ref: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Ref: \_\_\_\_\_ Phone #: \_\_\_\_\_

Personal Ref: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been arrested for theft, arson or any other felon charge? \_\_\_\_\_

\_\_\_\_\_

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

I, (print name) \_\_\_\_\_ understand that my membership is subject to review by the Application Review Committee and I hereby authorize the membership to conduct a background investigation on myself including but not limited to contacting present employer, police agencies and any listed references. I also agree to submit to a criminal history check. I agree to pay the query fee and understand that this fee is non-refundable regardless of acceptance or rejection of my application. I further understand that it is my responsibility to forward the query results to the Application Review Committee. I further understand that if I provide any false or inaccurate information on this application that my application will be rejected, and membership will be denied. If my application is accepted and approved by the membership, I agree to obey and abide by all Operating Guidelines and By-Laws of the Pennsburg Fire Company.

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

Fire Company Witness: \_\_\_\_\_ Title: \_\_\_\_\_



**For Internal Company Use – Application Review Committee Inquiry**

**Member  
Initials**

Work Ref  
 Contacted: \_\_\_\_\_ Date: \_\_\_\_\_  
 Result: \_\_\_\_\_

Family Ref  
 Contacted: \_\_\_\_\_ Date: \_\_\_\_\_  
 Result: \_\_\_\_\_

Personal Ref  
 Contacted: \_\_\_\_\_ Date: \_\_\_\_\_  
 Result: \_\_\_\_\_

Membership Committee Recommendation: \_\_\_\_\_  
 Reason for Rejection: \_\_\_\_\_  
 Criminal History Record attached?: \_\_\_\_\_  
 Membership Committee Members: \_\_\_\_\_

President Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Fire Chief Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
 Proposal Meeting Date: \_\_\_\_\_ Company Approval/Rejection Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_