

I desire to become a member of the Ridge Fire Company. (Please Print)

Name: _____ Age: _____

Address: _____ Home Phone Number: (____) ____ - _____

City: _____ State: ____ Zip: _____ - ____ (Plus 4 if known)

State of Birth: _____ Date of Birth: ____/____/____ Social Security#: _____ - _____ - _____

Drivers License Number and State: _____ _____

Occupation: _____ Work Phone Number: (____) ____ - _____

Do you wish to be; Active: ____ Social: ____ Fire Police: ____

Have you had previous Fire/Rescue/Ambulance service or training? Yes: ____ No: ____

If yes to above please list previous department(s), training, and certificate(s). Use separate page if needed. _____

Do you have any medical and/or physical conditions that would affect your performance as a fire fighter? Yes: ____ No: ____ If yes please describe. _____

List other organizations or references: _____

All applicants under the age of 18 years old shall obtain signed permission from parent or guardian. Working papers MUST be obtained before application will be considered.

Parent/Guardian: _____ Date: ____/____/____

Have you ever been convicted of a felony? Yes: ____ No: ____ If YES explain.

The information on this application is true to the best of my knowledge. False information is grounds for rejection or dismissal from company.

Signature: _____ Date: ____/____/____

Fire Company Sponsor: _____ Date: ____/____/____

Application Fee of \$3.00 paid. Yes: ____ No: ____ {Under age 18 free}

I authorize Ridge Fire Company No.1 to contact any and all my references. I understand that a criminal record check may be conducted through the state and/or local enforcement agencies and I authorize such agencies to release records concerning my criminal background and history. I understand that the discovery of any misrepresentation or omission may be a cause for denial of membership to Ridge Fire Co.

Signature: _____

A valid and recent Criminal Background Check must be submitted for the application to be complete. Criminal Background Check forms can be found at schools, Pennsylvania State Police Barracks and from the Pennsylvania State Police web site, www.psp.state.pa.us/patch.

Office Use Only:

Investigation Committee Report

_____ Accept:_____ Reject:_____

_____ Accept:_____ Reject:_____

_____ Accept:_____ Reject:_____

Accepted:_____ Rejected:_____ From membership Date:___/___/_____

Company Secretary:_____ Date:___/___/_____

FH_Application