#### PART 1 of 2

## Application for Regular (Social) Membership to the Millheim Fire Company No. 1 with intent to become an Active Firefighter

Millheim Fire Company No. 1 considers applications for memberships without regard to race, color, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by law.

Millheim Fire Company No. 1 is a DRUG FREE workplace

PLEASE PRINT				
PERSONAL INFORMAT	ION:			
	Date of application:			
Name:				
Name:FIRST	MIDDLE		LAST	-
Physical Street Address: _				
Mailing Address (PO Box	):			
City:		_ State:	Zip Code: _	
Telephone Number:		Other T	elephone Number: _	
Birth Date:				_
How did you find out abou	ıt this organizati	on?		
Do you have any relatives	or friends volun	nteering here	? YES / NO (circle	÷ 1)
If Yes, Please List:				

### **CERTIFICATION INFORMATION**

(List only current certifications)

Certification	Certification Number	Expiration Date	Instructing Agency
CPR			
First Responder/EMT			
Essentials of Fire Fighting			
Haz Mat Ops & Level			
Basic Vehicle Rescue			
Fire fighter I			
Fire fighter II			
NIMS Level			
Emergency Vehicle Operators Course			

Photocopies are required to be submitted upon acceptance of membership to active fire fighter status.

## RELATED EXPERIENCE HISTORY

Have you ever belonged to a fire dept. before? YES NO

If so, please list below.		
Name of Service:		
Position:	Chief officer:	
Start Date:	End Date:	
Reason For Leaving:		
Chief Officer Telephone #:		
Name of Service:		
Position:	Chief officer:	
Start Date:	End Date:	
Reason For Leaving:		
Chief Officer Telephone #:		

#### ACKNOWLEDGEMENT and CERTIFICATION

I certify that the information I have given on this application for membership is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if accepted into this organization. I recognize that this application is not a guarantee for active membership and is contingent first upon attaining regular (social) membership status and then secondly the completion of a criminal history check, driver history check (as applicable), and other such inquires without negative. My application information will be investigated and then brought up to the active members at the regularly scheduled monthly meeting. If application information is found favorable, the applicant's name will be read and voted on at the next regularly scheduled monthly meeting. Applicant will be notified of his or her acceptance or denial of acceptance to regular (social) membership to the Millheim Fire Company No. 1.

I hereby authorize the Millheim Fire Company/Officers to investigate my employment eligibility to work in the United States of America via my completion and submittal to the Milheim Fire Company of form I-9, Employment Eligibility Verification and/or Employment Verification via the Federal Government's E-Verify system.

I hereby authorize the Millheim Fire Company/Officers to investigate my fire service history (if any) with former organizations and to make any further investigation deemed necessary in connection with my application for active membership status including a criminal history check, driver history check, and other such inquires. I hereby release and forever discharge the Millheim Fire Company No. 1, its Officers and members, and any individual, agency, or organization providing any information about me to the Millheim Fire Company No. 1 from all liability, claim, or cause of action that may arise or result from providing such information. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my active membership with the company may be terminated.

I certify that I am not now under the care of a doctor for a physical or mental disability which precludes me from performing any daily personal or work related activities with limitations.

I certify that I am not applying for or receiving any workman's compensation insurance, monetary enumeration or settlement(s), or in the process or litigation for said compensation or settlement(s).

I certify that I am not a listed Megan's law sexual offender or subject to court action, which would if found guilty require my name be added to a sexual offender registry.

This membership application form for regular (social) membership is submitted along with requisite membership application fee of \$10.00 in the form of either cash, check or money order. (All applicants for regular (social membership must include the required \$10.0. Forms submitted without this application fee will be rejected.)

AMOUNT RECEIVED :\$ DATE RECEIVED

PA	YMENT METHOD :	CHECK/MONE	EY ORDER #
RE	CEIVING OFFICER/MEMI	BER (Print name clearly and	l legibly):
FIREFIGHTER status I will be res driving record check (if applicable	sponsible for a one time charge). These fees are non-refund y yearly standard membership	ge of up to \$9.00, free crimi able. If applicant is voted in the fee as set by the organization	on for future active membership due
Applicant's Signature:		Date:	
Applicant's Printed Name:			
Chief Officer:	Date:		
Chief Officer:			
Chief Officer:	Date:		

#### PART 2 of 2

## CRIMINAL BACKROUND AND REFERENCE CHECK AUTHORIZATION FORM

## For Active Firefighter status in the Millheim Fire Company No 1

Company No. 1 and now ation status process, I un which will include a real am or was a member, a	re Company No. 1 or I have applied for regular wish to apply for ACTIVE FIREFIGHTER status. derstand that the Millheim Fire Company No. 1 will view of public records, my criminal history (if any), and the references which I have provided regarding my
1 to conduct this crimin	
nd my heirs, assignees, a l and its officers from a ms against any such per check. I also hereby rel- individual, agency, or o	all background and reference check as part of my and professional representatives, I hereby release and my and all causes of action, liability, claim loss, cost, son or organization, arising directly or indirectly from ease and forever discharge the Millheim Fire reganization providing any information about me to the nat may arise or result from providing such
need not be provided at	r (Social) membership status and prior to application time of application or acceptance to Regular (Social) nange of status from regular (social) member to active
Date	
State:	Zip Code:
	ms against any such per check. I also hereby rele individual, agency, or o im, or cause of action the FELECTED to Regular need not be provided at red for application for check and the control of the provided at red for application for check and the control of the provided at red for application for check and the control of the provided at red for application for check and the control of the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for check and the provided at red for application for application for the provided at red for application fo

# REQUIREMENTS AND GENERAL INFORMATION For Active Firefighter status in the Millheim Fire Company No 1

Applicant's Na	ame (Please Print):		
Can you provide proo	f that you are eligible to	work in the United	States through completion of
	O (If yes attach comple		C 1
Company # 1 owned in other vehicle mounted	motor vehicle apparatus	. Does not apply to small engines. Appl	rive any of the Millheim Fire pump panels, generators or icant understands and agrees to ck)
Do you have a valid a	ctive motor vehicle Driv	ver's License? YES	/ NO
Issued by what State:	Driver's Li	icense #:	Class:
List all moving vehicl	e violations (conviction	s) and accidents in t	he last five years: (MUST BE
PROVIDED IF ELEC	CTED and ACCEPTED	TO ACTIVE FIRE	FIGHTER STATUS)
suspended? A Convict		disqualify you from	our driver's license revoked or membership) YES / NO
This Requirements and Gene or money order. (Only applied	ral Information form is submitte cants for active firefighter status	ed along with requisite fee s who intend to drive Millh	of \$9.00 in the form of either cash, check teim Fire Company No. 1 owned vehicles as submitted without this fee will be
I understand a check.	nd if applicable agree to	pay the required \$9	0.00 cost of the driving records
Applicant's Signature	<u> </u>	Date	
	If not applicable please check	this box: 🗓	
	AMOUNT RECEIVED :\$ _	DATE RE	ECEIVED
			NEY ORDER #
	RECEIVING OFFICER/MEN	MBER (Print Name):	