

140 APPLICATION FOR MEMBERSHIP**Highland Volunteer Fire Department—Station 186**

Town of McCandless
8705 Harold Place
Pittsburgh, PA 15237

Personal Information:

_____ Last Name	_____ First Name	_____ MI	_____ Birthdate / /		
_____ Cell Phone #	_____ E-mail address				
_____ Current Street Address	_____ Apt./P.O. Box	_____ City	_____ State	_____ Zip Code	_____ # Years
_____ Contact #1 in Case of Emergency	_____ Relationship		_____ Phone #		
_____ Contact #2 in Case of Emergency	_____ Relationship		_____ Phone #		
Do You Hold a Valid Driver's License? _____					
	_____ Yes/No	_____ State	_____ Class	_____ License #	
Do You Have Military Experience? _____					
	_____ Yes/No	_____ Branch	_____ Rank	_____ # Years	
Honorable Discharge? _____ If No, Why? _____					
Are You a Citizen of the United States? _____					
Have You Been Cited for Any Traffic Violations in the Past 3 Years? _____ If Yes, Please List: _____					

Have You Ever Been Convicted of or Pleaded Guilty or No Contest to Any Criminal Charge? _____					
If Yes, Please List: _____					

Employment and Education:

_____ Current Employer	_____ Job Title				
_____ Employer Address	_____ City	_____ State	_____ Zip Code	_____ # Years	
_____ Direct Supervisor	_____ Phone #				
_____ Highest Level of Education Completed	_____ Degree	_____ Name of Institution			

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Fire Service Experience and Education:

Do You Have Any Fire Service Experience? _____ If Yes, Please List Below.

Name of Company	Chief	Dates	Highest Rank
Address	City	State	Zip Code
Phone #			
Name of Company	Chief	Dates	Highest Rank
Address	City	State	Zip Code
Phone #			

Have You Completed Any Fire Schools, Classes, or Seminars? _____ If Yes, Please List Below:

Title/Description	Date	Location
Title/Description	Date	Location
Title/Description	Date	Location

Items for Consideration:

Membership Level Desired (i.e. Active, Association, Junior (if under age 18)): _____

Position Desired (i.e. Firefighter, Administration, Driver, Maintenance, etc.): _____

How Do You Feel You Can Benefit Highland?

Personal References (Not Related to You):

1. _____	_____	_____	_____
Name	Relationship to you	Years known	Phone #
2. _____	_____	_____	_____
Name	Relationship to you	Years known	Phone #
3. _____	_____	_____	_____

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I understand that if my application for membership is accepted, I will be required to undergo an Act 33 / 34 Pennsylvania background check. I further understand that misrepresentation or omission of facts on this application may be cause for rejection of this application or subsequent dismissal from membership. If accepted, I agree to comply with and be bound by the bylaws and other rules and regulations of this fire company, and to the terms of the probationary period entailed therein.

Signature of Applicant

Date

Signature of Parent/Guardian
(if applying as junior member)

Date

Department Member
Accepting Application

Date

Line Officer

Date

Association Officer

Date