

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

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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Name	Relationship to you	Years known	Phone #
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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