

SELLERSVILLE FIRE DEPARTMENT

Emergency Call: 911
 Business: 215-257-4028



Firehouse
 2 North Main Street
 P.O Box 315
 Sellersville, PA 18960

APPLICATION FOR MEMBERSHIP

Date: _____

Name of Applicant (Print): _____
Last First Middle Initial

Address: _____ Apartment # _____

_____ City State Zip Code Phone Number

Date of Birth:				Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Height:		Weight:	
	<small>MM</small>	<small>DD</small>	<small>YYYY</small>							

Type of Membership Requested (Please Check One): Active Associate Junior Active Fire Police

Have you ever been a Member of any Fire Department or Emergency Services Organization? Yes No

If "Yes", where and when? _____

Do you have a current Valid Motor Vehicle Operator's License? Yes No

License # _____ State: _____ Class: _____

Have you ever been arrested or convicted of any crime? Yes No (If "YES", attach detailed explanation)

Are you currently being treated by a physician? Yes No (If "YES", attach detailed explanation)

Have you been hospitalized in the last five (5) years? Yes No (If "YES", attach detailed explanation)

Is there anything preventing you from performing the normal duties of a member of the Sellersville Fire Department?

Yes No (If "YES", attach detailed explanation)

List three (3) personal references (non-relative or employer):

Name	Phone Number

Applicant Recommended by (Must be signed by two (2) Sellersville Fire Department members in good standing):

Name	Phone Number

A Criminal History Record from the PA State Police and Child Abuse Clearance together with a non-refundable application fee of \$5.00 must be submitted with the completed application. Criminal History Record can be found at www.psp.state.pa.us and Child Abuse Clearance can be found at <https://www.compass.state.pa.us/cwis/public/home>

The Sellersville Fire Department (SFD) has permission to discuss, for fire department purposes, the content of this application with anyone except as noted here. If none, so state.

Applicant releases from any liability, all representatives of the SFD for any acts done in good faith in connection with evaluating the applicant and further, applicant releases from liability all individuals or organizations who provide information to the SFD in good faith concerning the applicant's qualification for membership. All members are subject to background checks including, but not limited to criminal history record information.

I hereby affirm that this application contains no willful representation or falsifications and that the information given by me is true and has been completed to the best of my knowledge and belief. I am aware that should an investigation at any time disclose my misrepresentation or falsification, this may be sufficient cause for rejection.

In case of an emergency, notify:	
Insurance Beneficiary:	
Applicants Signature	
Parent or Guardian signature if under 18 years of age	

FOR USE BY MEMBERSHIP COMMITTEE – DO NOT FILL OUT BELOW THIS LINE

Criminal History Record Received _____ Investigation completed _____

Child Abuse Record Received _____

Investigation Committee Members:

1.		2.		3.	
4.		5.		6.	

Membership Committee: Recommends Does Not Recommend the Applicant.

Conditions (if any): _____

Action of Department _____ Date: _____