

**EASTERN BERKS FIRE DEPARTMENT**

PO Box 43 Barto PA 19504-0043

**Beginning January 2016, all applications MUST have required background checks attached. These include: 1) PA State Police; 2) PA Childline Clearance; 3) FBI Fingerprint Clearance OR Affidavit you have been a resident of PA for at least the past ten consecutive years.** Available at: [www.keepkidssafe.pa.gov/clearances/index.htm](http://www.keepkidssafe.pa.gov/clearances/index.htm)

**Application for Membership**

**INSTRUCTIONS**

**NOTE:** Applicants for the categories of Active and Junior membership in Eastern Berks Fire Department **shall normally live within the first run territory of this department.** This application consists of several sections- all sections must be completed unless otherwise noted, in order for the Fire Department to accept the application as complete.

Please **PRINT IN BLACK INK** an answer to every question. If a particular question does not apply to you, indicate "N/A". If you need more space, use reverse side and indicate the number of the referenced block. Do not misstate or omit facts since your responses will be verified before vote or acceptance to become a member of this department.

**Submit this application** and your required background checks to the Chief at the above address.

**DESIRED MEMBERSHIP TYPE:** ACTIVE \_\_\_\_\_ JUNIOR \_\_\_\_\_ ASSOCIATE \_\_\_\_\_ GRAND VIEW \_\_\_\_\_

**SECTION 1 - QUESTIONNAIRE**

**Part A: PERSONAL INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box/Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

D.O.B.: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver's License Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_\_\_\_\_

Have you ever has a license suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, state Violation:

Your Occupation: \_\_\_\_\_ Your Email: \_\_\_\_\_

**Part B: BACKGROUND INFORMATION**

Have you ever been charged on any crimes? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of any crimes? YES \_\_\_\_\_ NO \_\_\_\_\_

(If yes to either/both of the above, please list on a separate sheet of paper and attach in a sealed envelope.)

**References:** List two (2) references who are **neither** relatives **nor** Eastern Berks Fire personnel:

1.) Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

**Recommendations:**

If available - have two current EBFD Members in Good Standing sign below: (2 signatures required)

1. Signature of Member in Good Standing: \_\_\_\_\_

2. Signature of Member in Good Standing \_\_\_\_\_

OR \_\_\_ Check here if you do not currently know two EBFD members

**Part C: MILITARY STATUS**

- |  | YES   | NO    |
|--|-------|-------|
| • Have you served in the U.S. Armed Forces:  | _____ | _____ |
| • Honorable Discharge?   | _____ | _____ |
| • Are you presently a member of the U.S. Reserve or State Guard organization? If yes, indicate any Reserve obligation: _____ | _____ | _____ |

**Part D: EMERGENCY REFERENCES**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Religion/Church: \_\_\_\_\_

**Part E: MEDICAL INFORMATION** (ACTIVE, JUNIOR, and GRANDVIEW applicants only)

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Allergies: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Organ Donor: YES \_\_\_\_\_ NO \_\_\_\_\_

Medications: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

\_\_\_\_\_ (Use back of form if necessary)

**Part F: MEMBERSHIP**

- Are you now, or have you ever been, a member of any other emergency service organization? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, please list: \_\_\_\_\_)  
FYI – We often contact your previous emergency service organizations to check involvement and activity.
- Has any disciplinary action been taken against you in any emergency service organization? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, please list: \_\_\_\_\_)
- Have you experienced any serious injury or illness in the past five years that could affect your ability as a firefighter?  
YES \_\_\_\_\_ NO \_\_\_\_\_ (If YES, please list: \_\_\_\_\_)
- Briefly explain why you wish to become a member of the Eastern Berks Fire Department: \_\_\_\_\_  
\_\_\_\_\_
- Do you live within EBFD's first run territory? (Municipalities of Bally, Bechtelsville, District, Pike, or Washington) \_\_\_\_\_

**Part G: TRAINING** (ACTIVE, JUNIOR and GRANDVIEW applicants only)

6. Certifications: Please indicate whether you hold any of the following certifications:\*

\_\_\_\_ Firefighter I/II (circle)    \_\_\_\_ PA DOH Basic Vehicle Rescue    \_\_\_\_ First Responder/EMT/Paramedic (circle)  
\_\_\_\_ Wildland Firefighter    \_\_\_\_ NIMS 100 and 700 level    \_\_\_\_ HazMat Awareness/Operations/Technician (circle)  
\_\_\_\_ CPR/First Aid    \_\_\_\_ Emergency Vehicle Operations (EVOC)

\*Please attach any additional training certificates you may have, including certificates from the above listed certifications.

**SECTION 2 - VERIFICATION**

**SIGNATURE AND VERIFICATION:**

I hereby submit my application for membership with the Eastern Berks Fire Department. I understand that the Department will perform a Pennsylvania State Police background check. I authorize the results of that investigation to be presented to the members of the Department when my application is evaluated for membership. I further certify that all information provided is true to the best of my knowledge and any misstatement will be sufficient cause for dismissal from consideration for membership. I also understand that this Application has been completed subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities. In the event of a medical emergency, personal information will be released as necessary to medical and insurance purposes.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature\*

\_\_\_\_\_  
Date

***\*If under 18:*** 1)working papers obtainable from your local school district ***MUST*** accompany this application, ***and***  
2) parent/guardian signature is required:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SECTION 3 – INFORMATION RELEASE**

**INFORMATION RELEASE:**

To Whom It May Concern:

I have made application to become a volunteer firefighter with the Eastern Berks Fire Department. This letter shall constitute formal authorization to you to disclose to the above mentioned party, or its duly authorized employees or agencies, any and all information which they request concerning my membership, background or any and all other information which they in their discretion deem appropriate.

Your assistance in providing them with this information is greatly appreciated. Sincerely,

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**HAVE YOU SIGNED BOTH SECTION TWO *and* THREE *and*  
ATTACHED YOUR REQUIRED BACKGROUND CHECK DOCUMENTS?**

**TO SUBMIT, REFER TO TOP OF PAGE ONE**

**DO NOT COMPLETE ANY OF THIS INFORMATION**

**THIS PAGE FOR EASTERN BERKS FIRE DEPARTMENT INTERNAL USE ONLY:**

DATE APPLICATION SUBMITTED: \_\_\_/\_\_\_/\_\_\_\_\_

PSP BACKGROUND CHECK ATTACHED? \_\_\_\_\_

PA CHILDLINE CLEARANCE ATTACHED? \_\_\_\_\_

FBI FINGERPRINT CLEARANCE ATTACHED? \_\_\_\_\_

or

AFFIDAVIT AFFIRMING TEN YEARS RESIDENCY? \_\_\_\_\_

DATE APPLICATION RECOMMENDED: \_\_\_/\_\_\_/\_\_\_\_\_

DATE APPLICATION ACCEPTED/DECLINED: \_\_\_/\_\_\_/\_\_\_\_\_

DATE RESIGNED/TERMINATED: \_\_\_/\_\_\_/\_\_\_\_\_

COMMENTS:

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