

**Promised Land Volunteer Fire Company
& Ambulance Corps
P.O. Box 420
Greentown, PA 18426
(570) 676-3818**

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street)

(City) (State) (Zip Code)

Telephone: () _____ **Occupation:** _____

Date of Birth: _____ **Social Security#:** ____ - ____ - _____

Position Applied For: FIREFIGHTER AMBULANCE FIRE POLICE SOCIAL
(Circle One)

Are you or were you a member of a fire company or department?

Yes ___ No ___ If yes, where _____

May we contact them? Yes ___ No ___

If No, can we have a reason why? _____

Security Information:

Have you ever been convicted of a felony or misdemeanors other than minor traffic offenses? (Conviction of a felony or misdemeanor will not automatically disqualify an individual for nomination.)

Yes ___ No ___ If yes, please list date, where and charge: _____

PLEASE READ BELOW BEFORE SIGNING

I authorize the Promised Land Volunteer Fire Company and Ambulance Corps., to make whatever inquiries it deems necessary of any former/present Department, or personal reference named in this application or referred by a person name in my application in order to verify any information given in my application. I understand that such inquiries may include information as to my character, general reputation and personal characteristics. Statements I made in this application are true and complete. I understand that if, in the judgment of the Board of Directors and Chief's, if I have made any false statements, omissions, concealments any misrepresentation or if I have failed to answer any questions fully and accurately or if the results of the Board of Directors / Chief's investigation are not satisfactory, than any offer to me by the company may be withdrawn or my "employment" with the company may be terminated immediately without any obligation or liability to me. I also certify that I am 18 years of age to become a senior member or that I am at least 14 years of age in order to become a junior member.

(Signature)

(Date)

(Sponsored By)

(Date)

Fire Company Use

Comments:

President's Approval: _____ **Date:** _____

Chief's Approval: _____ **Date:** _____

Statement of Consent

I, _____, do hereby grant the Board of Directors of Promised Land Volunteer Fire Company & Ambulance Corps., the authority to search and record, all records, birth, school, armed services, criminal, the courts, motor vehicle records, fire training education records, past and present departments and all agencies that may possess any such records that may be deemed necessary and practical in order to conduct an investigation into my background for the purpose of volunteer employment with Promised Land Volunteer Fire Company & Ambulance Corps.

(Signature of Applicant)

(Date)

Subscribed to and duly sworn to, before me according to law above named applicant, the _____ day of _____, 20____, at _____, County of _____, State of _____.

(Notary Public)

Personal References (Not Relatives)

Name: Address: Phone Number:

If you have a valid drivers license, please complete the following:

State of issue: _____ Driver's Number: _____

Classification: _____ Expiration date: _____

MEDICAL INFORMATION THAT MAY BE CRITICAL FOR IMMEDIATE TREATMENT:

ANY ALLERGIES, REACTIONS TO MEDICINE, MEDICAL ALERT TAGS, ETC;

IN CASE OF EMERGENCY - NOTIFY THE FOLLOWING

Name: _____ Name: _____

Address: _____ Address: _____

Phone: (____) ____-____ Phone: (____) ____-____

Relationship: _____ Relationship: _____

List any Firefighting courses taken:
