

# NORTH STRABANE VOLUNTEER FIRE DEPARTMENT

"It is our mission to provide the highest standard of service to all who may seek our help. We are a service provider and we stand ready to provide fire suppression, fire prevention and education, rescue services, and emergency medical care."



## APPLICANT INFORMATION

Last Name				First			M.I.	Date			
Street Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
Date Available				Social Security No.			Desired Salary				
Position Applied for	Active ( ) Associate ( ) Social ( ) Junior ( )										
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Have you been a member of this Department before	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when and reason for leaving?						
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain						

## EDUCATION

High School				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
College				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
Other				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		

## REFERENCES

*Please list three professional references.*

Full Name				Relationship							
Phone											
Full Name				Relationship							
Phone											
Full Name				Relationship							
Phone											

PREVIOUS EMPLOYMENT	
Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



Dear Applicant,

You are required to complete a Pennsylvania State Police background check and a Child Abuse Clearance as part of your application. Any volunteer not residing in the Commonwealth of Pennsylvania for the last 10 consecutive years is also required to complete a FBI background check.

PSP Background: Select the FREE, volunteer check.

<https://epatch.state.pa.us/Home.jsp>

Child Abuse Clearance:

<https://www.compass.state.pa.us/cwis/public/home>

FBI Background: Any volunteer applicant not residing within the Commonwealth for the last 10 consecutive years is also required to complete a FBI Clearance. You'll need to register online, then go for fingerprints.

The general website for all three checks:

<http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/index.htm>



## Background Investigation Pennsylvania Department of Transportation Disclaimer

Full Legal Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

This constitutes my consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to any duly authorized official of the North Strabane Township Volunteer Fire Department (NSTVD) by any person, corporation, agency, or association concerning my character, employment, criminal/driving history, and/or military service as may be relevant and necessary for a determination of my suitability for membership with the NSTVD. This authorization is executed with full knowledge and understanding that the NSTVD will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it. A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid from the date signed, and for the duration of membership

Signature: \_\_\_\_\_ Date: \_\_\_\_\_