

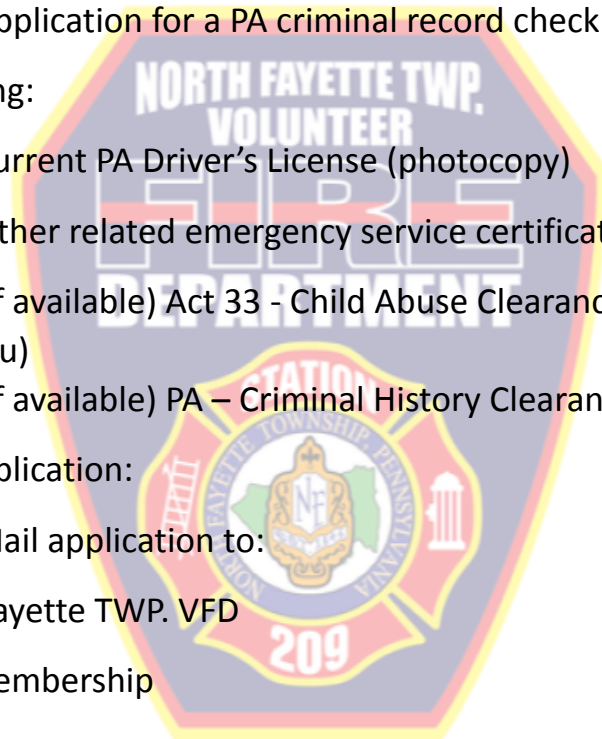
NORTH FAYETTE TWP.
VOLUNTEER FIRE DEPARTMENT



APPLICATION FOR MEMBERSHIP

DIRECTIONS

1. Print/Download the application
2. Print or Write neatly/type in the space provided on the application
3. If a question does not apply to you, please answer “N/A.”
4. Fill out and sign the following:
 - a. Authorization to run a criminal history
 - b. Application for a PA criminal record check
5. Attach the following:
 - a. Current PA Driver’s License (photocopy)
 - b. Other related emergency service certifications
 - c. (If available) Act 33 - Child Abuse Clearance (original – will be returned to you)
 - d. (If available) PA – Criminal History Clearance
6. To Submit your application:
 - a. Mail application to:
North Fayette TWP. VFD
Attn: Membership
7678 Steubenville Pike, Oakdale, PA 15071
 - b. Drop off application in mailbox, located at, 7678 Steubenville Pike, Oakdale, PA 15071
 - c. Email application to:
 - i. recruitment@northfayettevfd.org



GENERAL INFO

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Telephone: (____) _____ - _____ (____) _____ - _____

Home

Cell

DOB: ____ / ____ / ____

Email Address: _____

Next of Kin: _____

Relationship: _____ Phone: _____

Beneficiary _____

Membership status desired (active/associate/special active/junior) _____



EMERGENCY CONTACT INFO

Last Name: _____

First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ (____) _____ - _____

Email: _____

Relationship: _____

EDUCATION

HIGH SCHOOL/GED

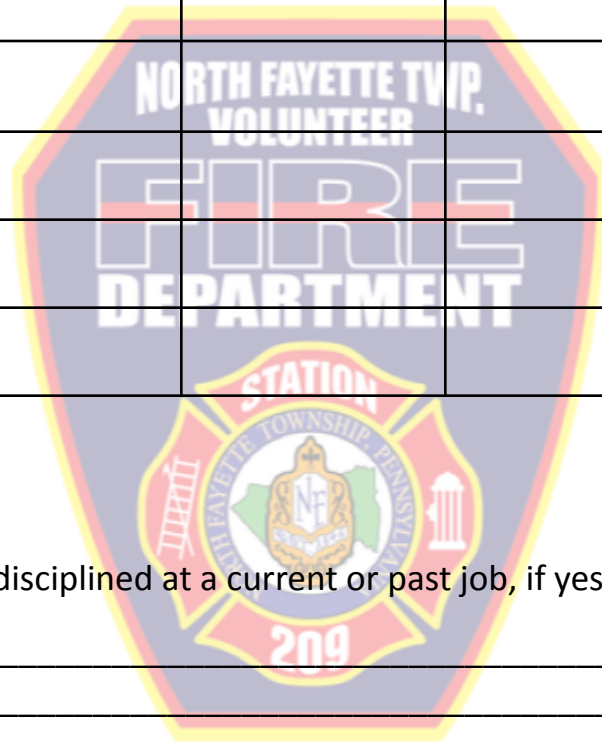
NAME AND ADDRESS OF SCHOOL	DATES OF ATTENDANCE	GRADUATED (Y/N) DEGREE/CERTIFICATE

POST – HIGH SCHOOL (COLLEGE, TECH/TRADE SCHOOL)

NAME AND ADDRESS OF SCHOOL	DATES OF ATTENDANCE	GRADUATED (Y/N) DEGREE/CERTIFICATE

WORK EXPERIENCE

NAME AND ADDRESS OF WORKPLACE	POSITION	FROM/TO	SUPERVISOR	PHONE NUMBER



Have you ever been disciplined at a current or past job, if yes please give details:

VEHICLE OPERATORS LICENSE

Class: _____ State: _____

Operator's Number: _____

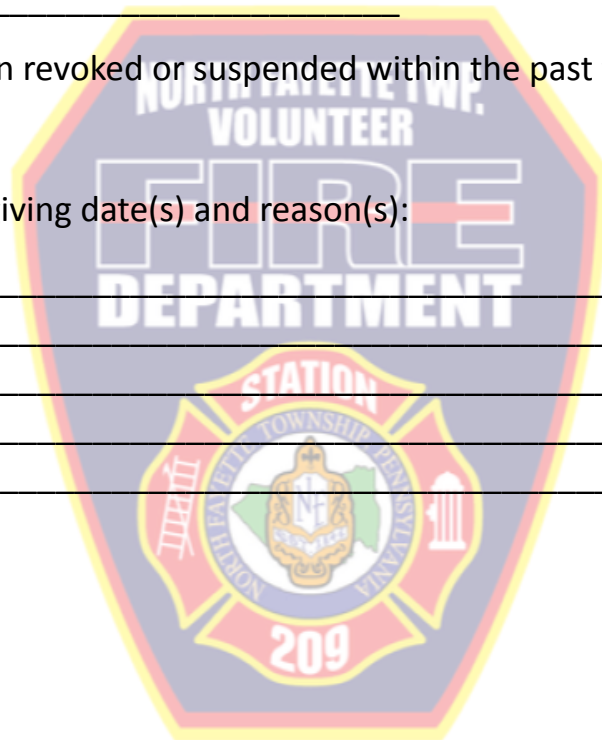
Expiration Date: ____/____/____

Restrictions: _____

Has your license been revoked or suspended within the past three years?

Yes: ___ No: ___

If yes, explain why, giving date(s) and reason(s):



FIRE/EMS DEPARTMENT EXPERIENCE

ORGANIZATION	POSITION	FROM/TO	CHIEF	PHONE NUMBER



Please provide and list all copies of your current certifications:

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony crime?

Yes: _____ No: _____

If yes, please provide details:

HEALTH RECORD

a. Can you perform the essential functions of the position for which you are applying?

Yes _____ No _____

b. Do you require accommodations to perform the essential functions of the position for which you are applying, if yes how? Yes _____ No _____

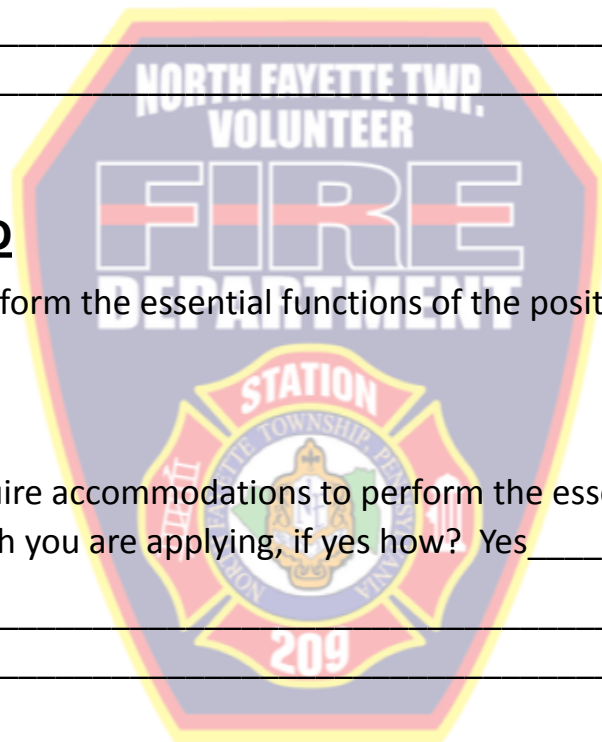
c. Medical History: _____

d. Allergies: _____

e. Medications: _____

f. Hepatitis Vaccination: Yes _____ No _____

g. Do you wear glasses or contacts: Yes _____ No _____



REFERENCES

PROFESSIONAL/CHARACTER REFERENCES:

Please list 3 references, excluding relatives.

1. Name: _____

Phone #: _____ Years known: _____

Email Address: _____

Address: _____

2. Name: _____

Phone #: _____ Years known: _____

Email Address: _____

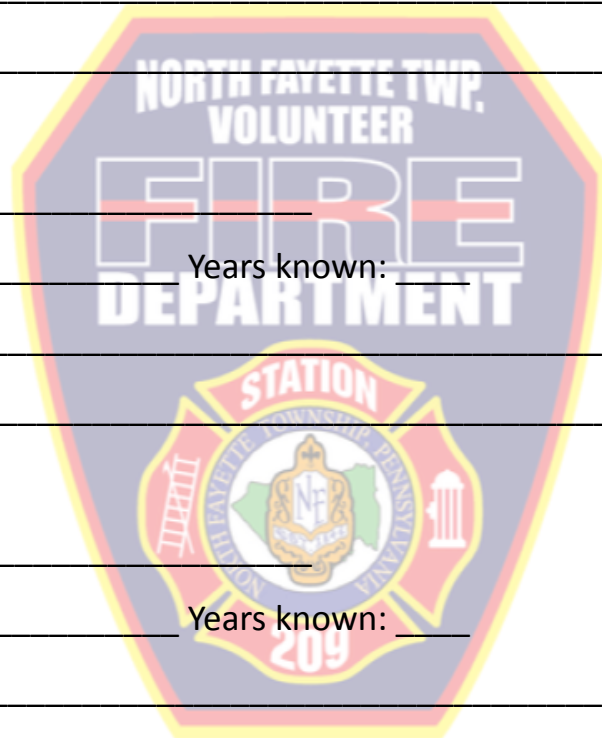
Address: _____

3. Name: _____

Phone #: _____ Years known: _____

Email Address: _____

Address: _____



I certify that the statements made by me in this application and any supplements are true and correct to the best of my knowledge. I authorize the North Fayette TWP. VFD to verify such answers and contact all references. I understand that any false statements on the application or supplements to it may be considered sufficient cause for rejection of this application or for dismissal. I also promise to abide by the rules and bylaws of the NFTVFD.

Applicants Signature

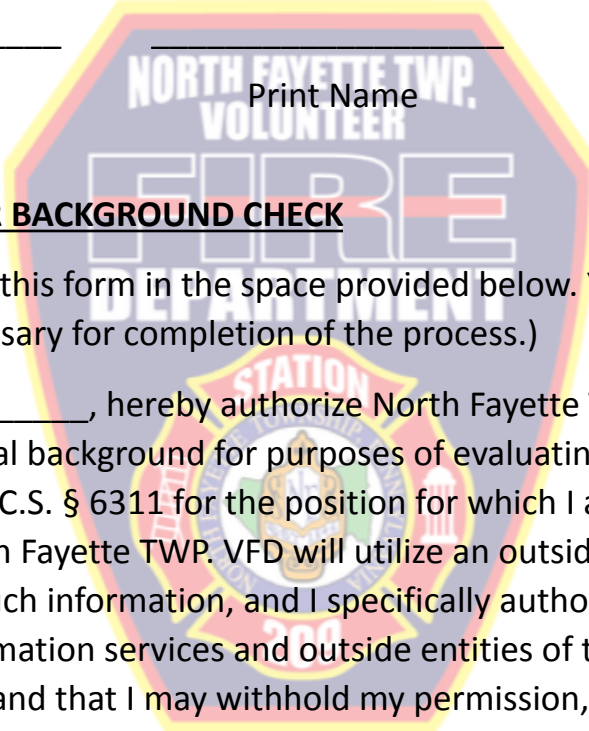
Print Name

Date

Witness Signature

Print Name

Date



AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the process.)

I, _____, hereby authorize North Fayette TWP. VFD to investigate my criminal background for purposes of evaluating whether I am compliant with 23 Pa.C.S. § 6311 for the position for which I am applying. I understand that North Fayette TWP. VFD will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the department’s choice. I also understand that I may withhold my permission, and that in such a case, no investigation will be done, and my application for membership will not be processed further.

Signature of Applicant

Date

Applicant Name - Printed

<p>SP 4-104 (12-99)</p> <p style="text-align: center;">PENNSYLVANIA STATE POLICE REQUEST FOR CRIMINAL RECORD CHECK</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 2px;">PART I: TO BE COMPLETED BY REQUESTER (INFORMATION WILL BE MAILED TO REQUESTER ONLY)</td> <td style="width:30%; padding: 2px;">DATE OF REQUEST</td> </tr> </table> <p style="text-align: center;">*** TYPE OR PRINT LEGIBLY WITH INK ***</p> <p>NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.</p> <p>WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">REQUESTER NAME</td> <td colspan="3" style="padding: 2px;">North Fayette Township Volunteer Fire Department</td> </tr> <tr> <td style="padding: 2px;">ADDRESS</td> <td colspan="3" style="padding: 2px;">7678 Steubenville Pike</td> </tr> <tr> <td style="padding: 2px;">CITY</td> <td style="padding: 2px;">STATE</td> <td style="padding: 2px;">ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Oakdale</td> <td style="padding: 2px;">PA</td> <td style="padding: 2px;">15071</td> <td style="padding: 2px;"></td> </tr> </table> <p style="text-align: center; margin-top: 10px;">CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)</p> <table style="margin: 0 auto; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">4</td> <td style="border: 1px solid black; padding: 2px 5px;">1</td> <td style="border: 1px solid black; padding: 2px 5px;">2</td> <td style="border: 1px solid black; padding: 2px 5px;">-</td> <td style="border: 1px solid black; padding: 2px 5px;">7</td> <td style="border: 1px solid black; padding: 2px 5px;">8</td> <td style="border: 1px solid black; padding: 2px 5px;">7</td> <td style="border: 1px solid black; padding: 2px 5px;">-</td> <td style="border: 1px solid black; padding: 2px 5px;">2</td> <td style="border: 1px solid black; padding: 2px 5px;">8</td> <td style="border: 1px solid black; padding: 2px 5px;">8</td> <td style="border: 1px solid black; padding: 2px 5px;">3</td> </tr> </table>	PART I: TO BE COMPLETED BY REQUESTER (INFORMATION WILL BE MAILED TO REQUESTER ONLY)	DATE OF REQUEST	REQUESTER NAME	North Fayette Township Volunteer Fire Department			ADDRESS	7678 Steubenville Pike			CITY	STATE	ZIP		Oakdale	PA	15071		4	1	2	-	7	8	7	-	2	8	8	3	<p style="text-align: center;">FOR CENTRAL REPOSITORY USE ONLY (LEAVE BLANK)</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center; margin-top: 100px;"> <p>All Requests will be done via PSP Patch Website</p> </div>
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<p>REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)</p> <p><input checked="" type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE.</p> <p><input type="checkbox"/> FEE EXEMPT NONCRIMINAL JUSTICE AGENCY</p> <div style="border: 1px solid black; border-radius: 10px; padding: 2px; text-align: center; margin: 5px auto; width: 80%;"> <p>** All Fees paid by North Fayette Twp Volunteer Fire Dept **</p> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; padding: 2px;">NAME/SUBJECT OF RECORD CHECK (LAST)</td> <td style="width:20%; padding: 2px;">(FIRST)</td> <td style="width:40%; padding: 2px;">(MIDDLE)</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">MAIDEN NAME AND/OR ALIASES</td> <td style="padding: 2px;">SOCIAL SECURITY NUMBER (SOC)</td> <td style="padding: 2px;">DATE OF BIRTH (DOB)</td> <td style="padding: 2px;">SEX</td> <td style="padding: 2px;">RACE</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table> <p>REASON FOR REQUEST (CHECK ONE BLOCK)</p> <p><input type="checkbox"/> EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING) <input type="checkbox"/> ELDER CARE <input type="checkbox"/> CHILD CARE <input type="checkbox"/> SCHOOL DISTRICT</p> <p><input type="checkbox"/> ADOPTION/FOSTER CARE</p> <p><input checked="" type="checkbox"/> OTHER (SPECIFY) Volunteer Fire Dept</p> <p>ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW <u>YOUR ENTIRE</u> CRIMINAL HISTORY</p> <p><input type="checkbox"/> INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE-ENTIRE CRIMINAL HISTORY (AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)</p>		NAME/SUBJECT OF RECORD CHECK (LAST)	(FIRST)	(MIDDLE)				MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE																			
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<p>REQUESTER CHECKLIST</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p style="text-align: center;">*** DO NOT SEND CASH OR PERSONAL CHECK ***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p style="text-align: center;">PENNSYLVANIA STATE POLICE</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center; margin: 5px auto; width: 80%;"> <p>All Requests will be done via PSP Patch Website</p> </div> <p style="text-align: center;">717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday - Friday)</p>																														
<p style="text-align: center;">PART II: CENTRAL REPOSITORY RESPONSE ONLY *** DO NOT WRITE BELOW THIS LINE ***</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> <p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p> </td> <td style="width:50%; padding: 2px;"> <p>INQUIRY DISSEMINATED BY</p> <p>SID NUMBER</p> </td> </tr> <tr> <td style="padding: 2px;"> <p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER</p> <p><input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME</p> </td> <td style="padding: 2px;"> <p>CERTIFIED BY</p> <p style="text-align: center;">(DIRECTOR, CENTRAL REPOSITORY)</p> </td> </tr> </table> <p style="font-size: small; margin-top: 5px;">This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.</p>		<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p>INQUIRY DISSEMINATED BY</p> <p>SID NUMBER</p>	<p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER</p> <p><input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>CERTIFIED BY</p> <p style="text-align: center;">(DIRECTOR, CENTRAL REPOSITORY)</p>																										
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ATTACH TO APPLICATION

DO NOT WRITE ON THIS PAGE

FOR OFFICER USE ONLY

Date Application Received: _____

Date Applicant Contacted: _____

Date Interviewed: _____ Who

Interviewed: _____

Recruiter: _____

Applicant Accepted: YES _____ NO _____

Start Date: _____

Notes: _____

