

Weisenberg Volunteer Fire Department
P.O. Box 51
Kutztown, PA 19530



Welcome potential firefighters!

In order to maintain a high quality department, all personnel are reviewed by a membership committee and state police before being voted on during our monthly administration meeting. During this evaluation period, additional information may be requested and references or known associates contacted.

Firefighter Membership Application Requirements

1. Age: The applicant must be the minimum age of 14 years of age to apply.
2. Residency: The applicant must meet one of the following requirements:
 - o Applicant is a resident of Weisenberg Township
 - o If applicant is not a resident of the township his/her permanent residence location will be reviewed by the Membership Committee according to department regulations.
 - o The applicant works in Weisenberg Township and only being available for service, for those hours, should indicate that in the comments section of the form. These applicants will be reviewed on a case by case basis by the Membership Committee.
3. Application form must be filled out completely, accurately, and legibly.

Failure to meet any of these initial requirements or an incomplete application will exclude the applicants from being reviewed by the Membership Committee.

If you have any questions about the requirements or applications, please do not hesitate to stop by the station any Monday night after 6:30pm, or contact the membership committee via email: membership@weisenbergfire.com

Thanks and we look forward to hearing from you!

Weisenberg Volunteer Fire Department
Membership Committee

Weisenberg Volunteer Fire Department

Weisenberg Township, Pa.

PO Box 51 Kutztown, PA 19530

APPLICATION FOR FIREFIGHTER MEMBERSHIP

The Weisenberg Volunteer Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. **It is our intention that all applicants are given equal opportunity to successfully complete a six (6) month probationary period before the final decision on membership is made by a fire department membership committee.**

INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature on the application.
Incomplete or illegible applications will not be processed.
2. Resumes and Certificates are accepted only as a supplement to the membership application.
3. Use blank paper if you do not have enough room on this application.
4. Applications without an affidavit signature on the last page will not be accepted.
5. Applicants are required to pass a PSP Background check.
6. Applicant must complete and provide a passing PA Child Abuse History Clearance.

Personal Information

Full Name:	Nick Name:
Physical Street Address:	Home Telephone: ()
Mail Address:	Business Telephone: ()
Email Address:	Cellular Telephone: ()
Date of Birth:	Place of Birth:
<div style="background-color: #cccccc; width: 100%; height: 15px; margin-bottom: 5px;"></div> Please state what personal information listed above may be distributed to members (or check box for "all")	
Are you a US Citizen?	Social Security No:
Driver License State:	Driver License Number:
Do you have a CDL License? Class? Endorsements?	Has your driver's license ever been suspended or revoked?
Material Status:	Spouse's Name:
Number of Dependents:	Names of Dependents:

Firefighting Experience and Training

Have you previously been a member of a fire department?

If yes, list the departments below:

Department Name	Address	From	Until

Are you a certified firefighter?	If so, what level?
Are you a certified fire officer?	If so, what level?
Have you attended any other fire or rescue schools?	If so, please provide a copy of each certificate you have received

References

Have you previously ever applied for membership with the Weisenberg Volunteer Fire Department?

Are you presently a member of another fire department or emergency medical services department?

List any members of the Weisenberg Volunteer Fire Department with whom you are acquainted?

List three (3) additional references other than relatives and others named above:

Name	Address	Telephone Number	Relationship

Emergency Contact Information

Name	Address	Telephone Number	Relationship

Why do you want to become a member of the Weisenberg Volunteer Fire Department?

Medical Information

Name of physician	Address	Telephone Number
Blood Type:		Date of last Tetanus Injection:
Allergic reactions (medication, insect bites, etc.)		
Special medical problems / needs?		
If yes, please explain:		
Do you have any physical disabilities, chronic diseases, deformities or any medical conditions that may interfere with fire fighting activities?		
If yes, please explain:		
Have you or are you currently being treated for a work or fire service related injury or illness?		
If yes, please explain:		
Are you currently taking medication prescribed by a physician that may interfere or impair with fire fighting activities?		
If yes, please explain:		

Background Information

Have you ever been convicted of a crime? (Except traffic violations)
 If yes, please give the following information:

Charged Offense	City / County	State	Date	Disposition of Case

Traffic / Driving Record

List all traffic citations and accidents that you were involved in the last three (3) years. (excluding parking tickets)

Charged Offense	Location of incident	Date of incident	Fault found? Yes or No

Education

Institution Name	State	Date From	Date Until	Did you graduate? Yes or No

If you did not graduate from high school, did you attain a GED? Yes or No

AFFIDAVIT FOR FIRE DEPARTMENT MEMBERSHIP

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date. I understand that the Weisenberg Volunteer Fire Department may request an investigative report from a reporting agency or police department. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of membership it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the duties for which I may be asked. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required. **I hereby swear (or affirm), under penalty of perjury or false swearing, that I have never been convicted, pleaded no lo contender, or been found guilty of the crime of arson or its related offenses. I have never committed nor engaged in any crime of false alarms to public safety agencies. I further swear that as part of this membership application, I have made full disclosure of any and all arrests, convictions, or adjudications for any other criminal offenses. I understand that if subsequent investigation reveals that I have falsified or otherwise misrepresented the true nature of any criminal offenses that involve me, I may forfeit my membership in the above named organization and be subject to the criminal penalties for perjury or false swearing.**

Moreover, I understand that upon my termination of membership, I must return all personal protective equipment, uniforms, pagers, keys, etc.... In the event that I fail to return the items previously described, the Weisenberg Volunteer Fire Department may pursue legal remedies against me.

I fully intend to be bound hereby, by affixing my hand on this, the _____ day of _____ in the year _____.

Written Signature of Applicant

Signature of Parent/Guardian of Applicant (if applicant under 18)

Printed Name of Applicant

Printed Name of Parent/Guardian of Applicant (if applicant under 18)

Written Signature of Witness