



**Keystone Fire Company No. 1 of the Borough of Shillington  
Membership Application**

**11) FAMILY;** List in order given, showing relationship, parents, guardians, spouse and immediate family.

Relationship	Name	Address if Living

**12) VEHICLE OPERATOR’S LICENSE;** Give the following information concerning any vehicle operator’s license you have held or now hold.

Type of License	Number	Issuing Authority	Expiration

Have you ever had a driver’s license suspended or revoked (YES / NO) If yes, state violation?

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**13) CONVICTION OF CRIME:** Have you ever been convicted of a misdemeanor or felony violation? (YES /NO) If yes, state violation, court of jurisdiction, and date of conviction.

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**14) PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:** Include fire departments and other emergency organization:

Name	Address	Type (Social Fraternal Professional etc.)	Office Held	Membership From	Dates To

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**15) EDUCATION: A.** List all schools attended

Name	Address	Dates Attended	Dates Completed	Graduated YES / NO
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**B.** Higher Education. List all colleges or universities attended.

Name	Address	Dates Attended From To	Credit Hours Semester/Quarter	Degree Recd. Year
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**C.** Other schools or training (trade, vocational, military). Give for each: The name and location of the school, dates attended, subjects studied, certificates earned, and any other pertinent data. Include complete mailing address.

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**16) QUALIFICATIONS, SKILLS and INTERESTS:**

Please list and attach any certifications you may possess that may be of interest to the fire department. Please list special skills you possess, or equipment and machines that you can operate. (This would include any firefighting certificates or certifications)

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**17) EMPLOYMENT:** Begin with your most recent job and list your work history for the past (5) five years, including part-time, temporary or seasonal employment, and all periods of unemployment.

<b>From Date</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title Why Did you Leave</b>
<b>To Date</b>		<b>Description of Duties</b>
<b>Phone Number</b>	<b>Name of Supervisor</b>	<b>Name of Co-Worker</b>

<b>From Date</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title Why Did you Leave</b>
<b>To Date</b>		<b>Description of Duties</b>
<b>Phone Number</b>	<b>Name of Supervisor</b>	<b>Name of Co-Worker</b>

<b>From Date</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title Why Did you Leave</b>
<b>To Date</b>		<b>Description of Duties</b>
<b>Phone Number</b>	<b>Name of Supervisor</b>	<b>Name of Co-Worker</b>

If additional employer blocks are needed, please attach requested information on separate sheet.

**18) MILITARY STATUS:**

	<b>YES</b>	<b>NO</b>
Have you served in the U.S. Armed Forces?	_____	_____
Honorable Discharge?	_____	_____
Are you presently a member of a U.S. RESERVE? Or State Guard organization? If Yes, complete the following.	_____	_____

Indicate reserve obligation, if any: \_\_\_\_\_

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**19) CHARACTER REFERENCES:** List only character references that have definite knowledge of your qualifications for the position of application. List two (2) character references. (DO NOT list relatives, former employers, or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Years Known
(1)				
(2)				

**20)** Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation. If yes, please give details.

***Physical:***

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***Medical:***

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***Mental:***

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**21)** Do you have a Hepatitis B immunization? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when was the last Titers Test conducted? \_\_\_\_\_

**22)** Are there any present health conditions that would restrict your activities as a firefighter/emergency service provider? [Example(s) may include any fear/phobia of height or claustrophobia] **If yes give details.**

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**23)** Have you ever applied for a membership with any other emergency service organizations? **If Yes give details.**

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**24) REMARKS OR ANY ADDITIONAL INFORMATION:**

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**Applicability of Pennsylvania Law**

In accordance with Pennsylvania Crimes Code section 3301 and related offenses (18 PA C.S. 3301 Arson and Related Offenses) a person convicted of violating this section or any similar offense under Federal or State Law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under section 4 of the act of November 13, 1995 (P.L. 604, No. 61), known as the State Fire Commissioner Act. In accordance with Pennsylvania law, proof of non-conviction must consist of either of the following:

- (1) An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.
- (2) A date and signed statement by the person swearing to the following:  
    “I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S. 3301 or any similar offense under Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make a false statement herein, I am subject to penalties by law, including, but not limited to, a fine of at least \$1,000.00.” \_\_\_\_\_ (Initials of the applicant)

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

**Verification**

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I understand that this Application has been completed subject to the penalties of 18 PA C.S. 4904 relating to “Unsworn falsification to authorities”. “A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.”

**Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

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**INFORMATION RELEASE**

To Whom It May Concern:

**Applicant, please place your initials in the space provided at the end of each paragraph above to indicate that you read, understand and authorize the content of each paragraph.**

I have made application to become a member with the Keystone Fire Company #1 of Shillington, Pennsylvania. This release shall constitute formal authorization to the receiver of this request, it's agents or employees to disclose to the Keystone Fire Company #1 of Shillington, Pennsylvania, the Borough of Shillington Police Department and or any other duly authorized employees or agencies of the Keystone Fire Company #1 Shillington, and or the Borough of Shillington Police Department any and all information which they request to include but not limited to the below listed items. \_\_\_\_\_

I authorize a check of Pennsylvania Department of Transportation Drivers License history information. \_\_\_\_\_

I authorize a criminal history check to be conducted to include; local, county, state and or federal agencies. \_\_\_\_\_

I authorize the release of any and all reports, notes or other documents held by the agency for which the request is being made of and to disclose the information requested. \_\_\_\_\_

I authorize the disclosure of information in any form deemed necessary to obtain the requested information. The disclosure may be made in writing, verbally, telephonically, by electronic media, e-mail or other means deemed useful. \_\_\_\_\_

I understand that the information is to be used to consider my eligibility for membership in the Keystone Fire Company #1 of Shillington, Pennsylvania. \_\_\_\_\_

Your assistance in providing the Keystone Fire Company #1 of Shillington, Pennsylvania, and or the Borough of Shillington Police Department with this information is greatly appreciated.

Sincerely,

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed by Applicant**

\_\_\_\_\_  
**Printed Name**