

NEWTOWN SQUARE FIRE CO. No. 1, Inc.

P.O. BOX 453

NEWTOWN SQUARE



PENNSYLVANIA 19073

CHARTERED 1916

*****Please complete ALL fields. Incomplete applications will be returned to be completed*****

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip Code

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Email: _____ Birth Date: _____ Gender (Circle one): M F

Marital Status (Circle one): Married – Divorced – Single Social Security #: _____

Education: Please circle highest level completed – high school – trade/tech – undergrad - graduate

9 - 10 – 11 – 12

Technical/Colleges Name: _____

Address: _____

Military Service: _____ to _____

Branch

Dates

Type of Discharge

Employment Data: Occupation: _____

Employer: _____

Address: _____ Street

City

State

Zip Code

Skills: _____

Prior Fire/EMS Service:

Organization: _____ Service Dates: _____

Reasons for Leaving: _____

Contact person: _____ Phone #: _____

Certifications: _____ Page 1

NEWTOWN SQUARE FIRE CO. No. 1, Inc.

P.O. BOX 453

NEWTOWN SQUARE



PENNSYLVANIA 19073

CHARTERED 1916

Name: _____

Valid Driver's License #: _____ State: _____ Class: _____ CDL: Yes ___ No ___

Criminal Record or Moving Traffic Violations: (Use space on back if necessary)

Type of Criminal Conviction(s) /Traffic Violation(s) _____

MEDICAL INFO: Are you aware of any medical or other reason or restriction that could cause you to be a threat to yourself or other fire company members when engaged in emergency service activities? **YES** ___ **NO** ___ (If YES, attach a complete explanation and/or medical certificate or physician's statement.)

Name: _____

Consent for Emergency Treatment (over 18):

I, _____, am over the age of eighteen. YES ___ NO ___

Consent for Emergency Treatment (under 18):

I, _____, am the parent or legal guardian of _____, a minor, and acknowledge that this person is an applicant for membership with the Newtown Square Fire Company No. 1.

I understand and acknowledge that fire fighting and related activities are by their nature dangerous and that injuries can, and do occur. In the event, as a member: _____, should require emergency medical, hospital and /or surgical care and treatment as maybe required, I hereby consent to such treatment.

I hereby release and discharge the Newtown Square Fire Company No.1 and its representatives from any liability arising out of any emergency medical, hospital and/or surgical care and treatment that is administered to _____ as a result of this consent.

_____ Date _____

Signature of Applicant over age 18 or Parent/Guardian if Applicant is under the age of 18

Witness: _____ Date _____

Emergency Medical Reference Information:

Physician/Address/Phone: _____

Preferred Hospital: _____ Blood Type: _____

Medications: _____

Allergies: _____

Past Medical History: _____

Emergency Contact: _____

Name

Relationship

Phone No.

NEWTOWN SQUARE FIRE CO. No. 1, Inc.

P.O. BOX 453

NEWTOWN SQUARE



PENNSYLVANIA 19073

CHARTERED 1916

Name: _____

Type of Membership Desired:

Active Firefighter _____ Fire Police _____ Live-In _____ Auxiliary _____ House _____

Approximate number of hours per week you will be able to serve:

Day _____ Evening _____

References:

(1) Name: _____ Phone: _____ Relationship: _____

(2) Name: _____ Phone: _____ Relationship: _____

Notice to Applicant (*Initial to state you have read and understand the following*): The Newtown Square Fire Company No. 1 does not discriminate due to race, sex, religion, age, or disability. All applicants are required to answer all questions on this application truthfully. **Any questions not answered, or not answered truthfully, will render this application as incomplete and it will not be processed.** Initial: _____

Falsification or intentional omission of any information requested will be grounds for denial of membership or future dismissal from the company. Initial: _____

By signing this application, you are authorizing the Newtown Square Fire Company No. 1 to conduct a thorough background investigation. Prior to approval of your application for membership, you are advised that the company will obtain background information on you which includes, but is not limited to, your driving record and criminal history. You are also agreeing to abide by the operation rules, by-laws, and Constitution of the Newtown Square Fire Company No. 1. Additionally, in our ongoing interest in your health and safety, you must pass an initial fire company medical evaluation and agree to submit to future regular medical evaluations as determined by the Newtown Square Fire Co. No. 1.

_____ Date _____

Signature of Applicant over age 18 or Parent/Guardian if Applicant is under the age of 18

Do not write below this line.

FOR COMPLETION BY NSFC

First Reading _____ Interview _____ Second Reading _____ Vote _____

Criminal/Background Check _____ Application Fee Paid for Background Check: _____

Probationary Period Ends: Date _____

APPROVED: YES _____ NO _____ (circle one)