



# Colonial Park Fire Company #1

433 S. Houcks Road, Harrisburg PA 17109-2911

Phone: (717) 652-8378 Fax: (717) 545-2411 E-Mail: [Info@ColonialParkFire.org](mailto:Info@ColonialParkFire.org)

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## PERSONNEL RECORD

Membership Type:  Operational  Participating

Date: \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country, State, City Born In: \_\_\_\_\_

Name Last: \_\_\_\_\_ Name Middle: \_\_\_\_\_

Name First: \_\_\_\_\_ Name Maiden: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you a U.S. Citizen: \_\_\_\_\_ If no, attach copy of Right to Work Visa in accordance with Immigration Reform and Control Act of 1986.

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_ Driver's License Expiration Date: \_\_\_\_\_

Sex:  Male  Female Race: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

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## PRIOR APPLICATION

Have you ever applied to or been a member of a FIRE / EMS department in or outside of Lower Paxton Township?  Yes  No

If yes, please explain reason for leaving and provide contact information for an administrative officer or the Fire Chief:

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## PRIOR EXPERIENCE & TRAINING

Do you have any FIRE / EMS experience?  Yes  No

If yes, please detail current training certifications (If more space is needed, use additional sheet): \_\_\_\_\_

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**EDUCATION**

Name and Location of Last High School Attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Name and Location of College / University Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: GED  Yes  No

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**EMPLOYER**

Primary Employer (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Name/ Title of Immediate Supervisor: \_\_\_\_\_

Your Title: \_\_\_\_\_ Time at Company: \_\_\_\_\_

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**PERSONAL REFERENCES**

List three (3) references who are NOT related to you and who have knowledge of your qualifications and fitness of the position of volunteer firefighter. Please notify references that they will be contacted and provide a telephone number where they can be easily reached.

1. Name: \_\_\_\_\_ Business / Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Business / Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Business / Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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**MILITARY EXPERIENCE**

If yes, Please provide: Military Branch: \_\_\_\_\_ Type of Discharge? \_\_\_\_\_

If discharge was other than honorable, please detail: \_\_\_\_\_

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**DRIVING RECORD**Do you have a valid Pennsylvania Driver's License?  Yes  NoHave you ever had your driver's license suspended or revoked?  Yes  No

If yes, Please explain: \_\_\_\_\_

**BACKGROUND CHECK INFORMATION**

**ANY OMISSION of arrest(s) or criminal charge(s) except court ordered removal of record, will result in a NOT CLEARED background check.**

Have you ever been arrested,  Yes  No; Charged  Yes  No; or convicted  Yes  No of any crime or felony?

If yes, please give date, place, circumstances, and disposition. An explanation of the arrest(s), Charge(s), and/or conviction is required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR APPLICANTS UNDER 18 YEARS OF AGE, PARENTAL CONSENT IS REQUIRED:**

I, \_\_\_\_\_ Parent/Guardian (circle which) of \_\_\_\_\_

Do hereby consent to him/her becoming a volunteer member of the volunteer fire company listed, part of the Lower Paxton Township Bureau of Fire.

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**APPLICANT OVER 18 SIGNATURE**

I hereby affirm that this application contains no willful misrepresentation or falsification and that this information given by me is true and have been completed to the best of my knowledge and belief. I am aware that should an investigation at any time disclose my misrepresentation or falsification, this may be sufficient cause for rejection with appeal.

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**\*\*FOR OFFICE USE ONLY: APPLICANTS : DO NOT COMPLETE THIS SECTION, IT IS FOR FIRE DEPT. STAFF ONLY\*\***

BACKGROUND INVESTIGATION: Cleared: \_\_\_\_\_ Not Cleared: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Title of Approving Authority: \_\_\_\_\_

FIRE COMPANY: Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer President: \_\_\_\_\_



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## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Applicant's Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security No: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

In the course of my application for membership in the Colonial Park Fire Company #1, the officers and members of the company may desire to make certain inquiries as to my background, character, and experience. It is in my interest to permit such investigations to take place by the officers: and therefore, in consideration of my desire to have all material considered, I hereby authorize the Colonial Park Fire Company #1, its members and officers, and the Lower Paxton Township Bureau of Police, to make such inquiries as they deem appropriate. This includes, but is not limited to, any individual or group, institution, current or former employer, or emergency service agency. It is understood that I shall make no claim against the persons furnishing information and shall make no claim against any of the afore mentioned sources of information, including the Colonial Park Fire Company #1 and the Lower Paxton Township Bureau of Police, for providing or reasonably using any or all information. Also, to the best of my knowledge, all statements, and answers which I have given are true, correct, and accurate. I further understand that any misrepresentation or omission of facts may result in nullification of this application and/or subsequent membership based on its contents.

I solemnly swear that all information given in this application for membership to Colonial Park Fire Company is accurate to the best of my knowledge. I also understand that if it is proven that I intentionally falsified the information provided, I may be rejected for membership without a chance for reapplication. If proof of falsification occurs after being accepted into membership, I also understand that the falsification may be grounds for my expulsion from the Colonial Park Fire Company. Finally, I swear to uphold all fire company By-Laws and Standard Operating Procedures and to treat fire company property with the greatest care.

By dating and signing this application, I attest and swear 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 any 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 any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00"

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_