

**NORTH FAYETTE TWP.**  
**VOLUNTER 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 it to:

North Fayette TWP. VFD  
Attn: Membership  
7678 Steubenville Pike, Oakdale, PA 15071
  - b. Drop off application in mail box located at 7678 Steubenville Pike, Oakdale, PA 15071

**GENERAL INFO**

Name: \_\_\_\_\_

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

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

Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home VOLUNTEER Cell

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email Address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiary \_\_\_\_\_

Membership status desired (active/associate/special active) \_\_\_\_\_

**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)<br>DEGREE/CERTIFICATE |
|----------------------------|---------------------|---------------------------------------|
|                            |                     |                                       |
|                            |                     |                                       |

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

| NAME AND ADDRESS OF SCHOOL | DATES OF ATTENDANCE | GRADUATED (Y/N)<br>DEGREE/CERTIFICATE |
|----------------------------|---------------------|---------------------------------------|
|                            |                     |                                       |
|                            |                     |                                       |
|                            |                     |                                       |
|                            |                     |                                       |
|                            |                     |                                       |

## WORK EXPERIENCE

| NAME AND ADDRESS OF WORK PLACE | POSITION | FROM/TO | SUPERVISOR | PHONE NUMBER |
|--------------------------------|----------|---------|------------|--------------|
|                                |          |         |            |              |
|                                |          |         |            |              |
|                                |          |         |            |              |
|                                |          |         |            |              |
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Have you ever been disciplined at a current or past job, if yes please give details:

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# 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):

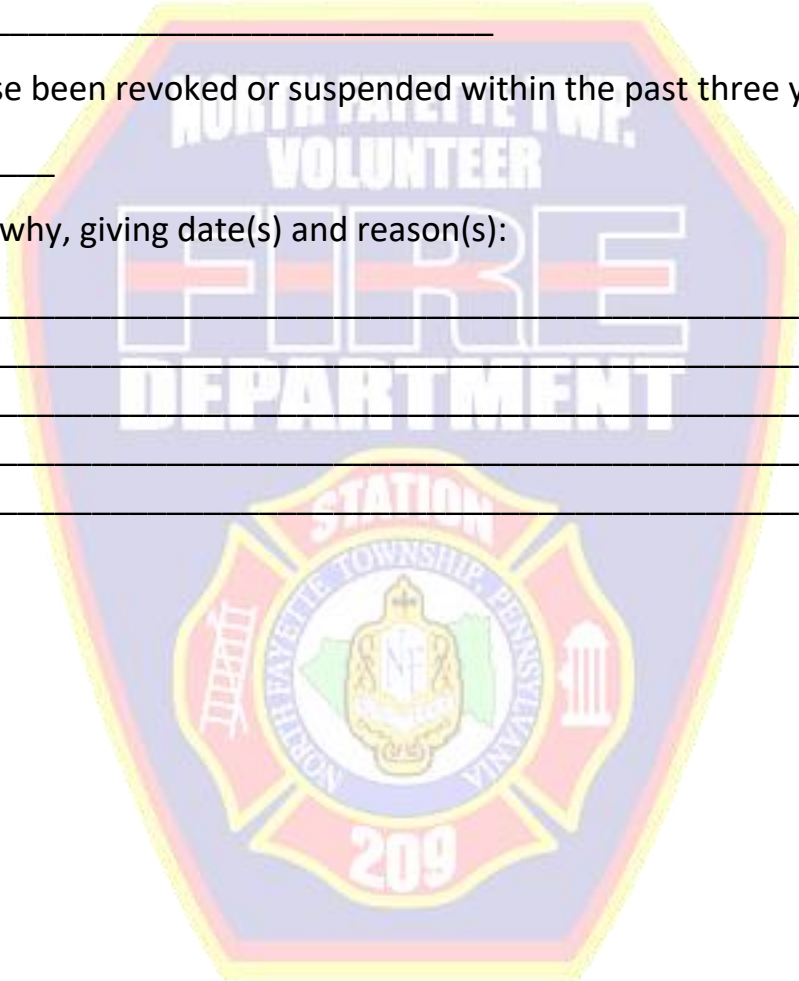
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**FIRE/EMS DEPARTMENT EXPERIENCE**

| ORGANIZATION | POSITION | FROM/TO | CHIEF | PHONE NUMBER |
|--------------|----------|---------|-------|--------------|
|              |          |         |       |              |
|              |          |         |       |              |
|              |          |         |       |              |
|              |          |         |       |              |
|              |          |         |       |              |
|              |          |         |       |              |
|              |          |         |       |              |

Please list all and provide copies of your current certifications:

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**CRIMINAL HISTORY**

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide details:

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**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 \_\_\_\_\_

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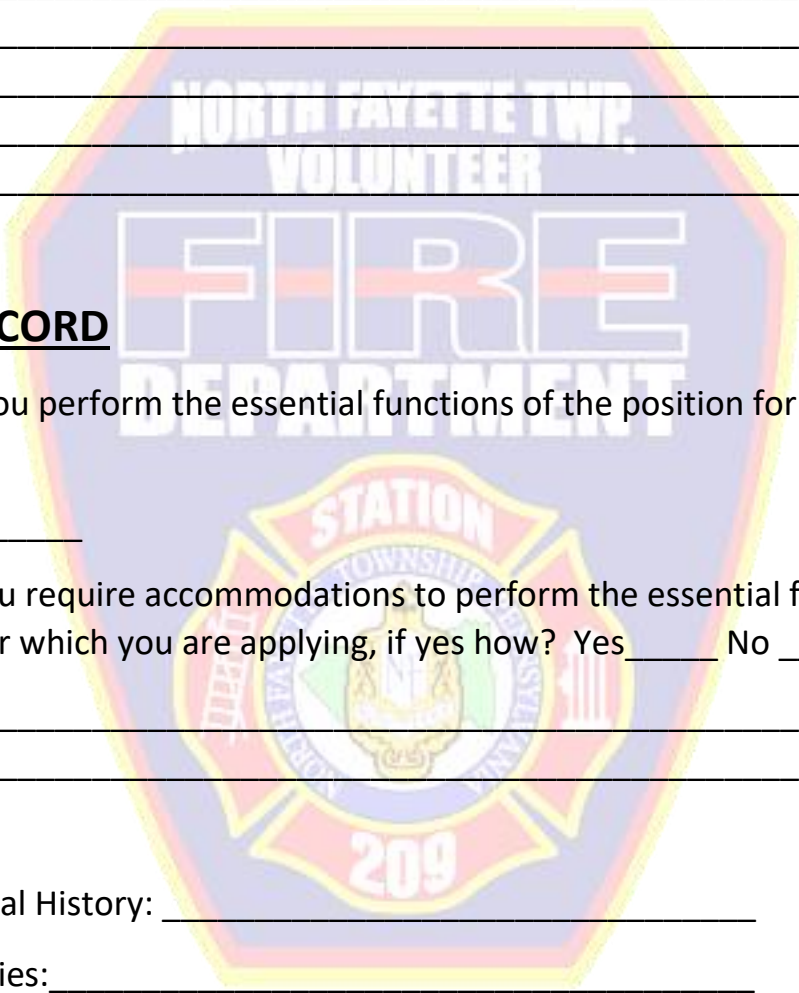
c. Medical History: \_\_\_\_\_

d. Allergies: \_\_\_\_\_

e. Medications: \_\_\_\_\_

f. Hepatitis Vaccination: Yes \_\_\_\_\_ No \_\_\_\_\_

g. Do you wear glasses or contacts: Yes \_\_\_\_\_ No \_\_\_\_\_





## REFERENCES

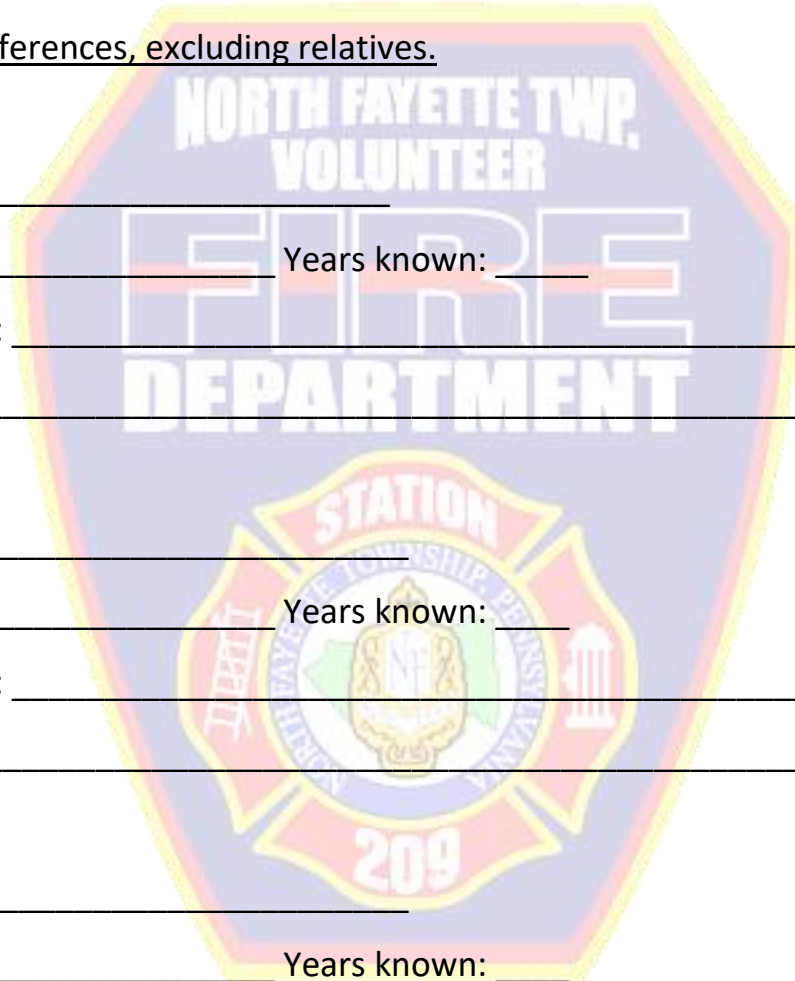
PROFESSIONAL/CHARACTER REFERENCES:

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

ATTACH TO APPLICATION

DO NOT WRITE ON THIS PAGE

FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

Date Applicant Contacted: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

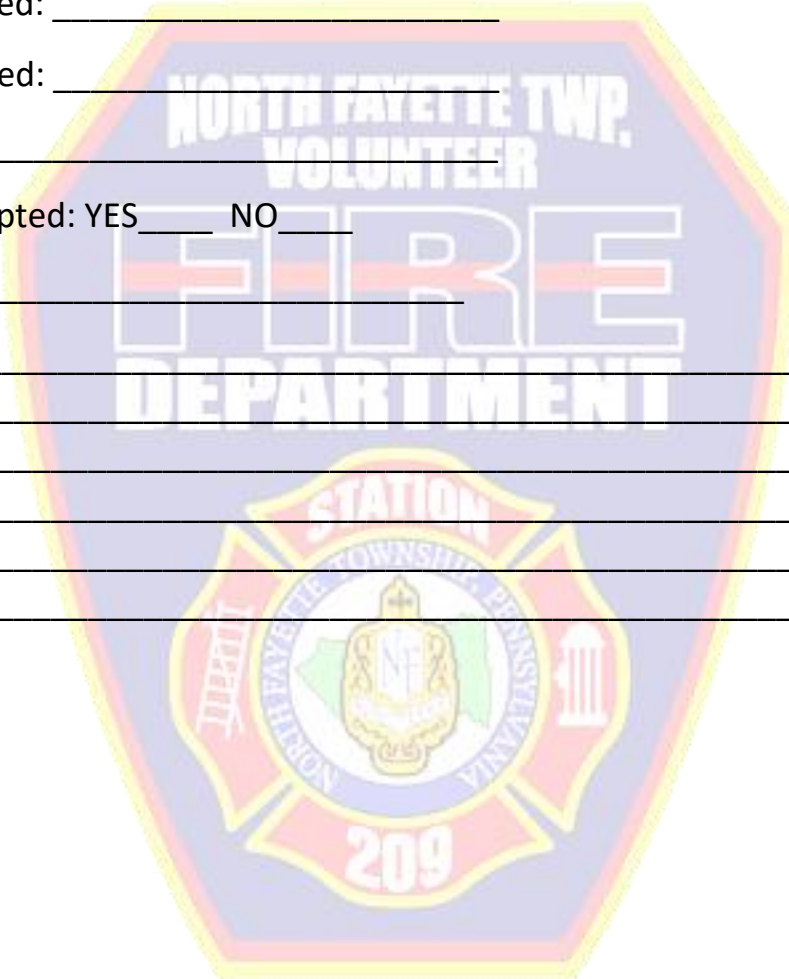
Who Interviewed: \_\_\_\_\_

Recruiter: \_\_\_\_\_

Applicant Accepted: YES \_\_\_\_\_ NO \_\_\_\_\_

Start Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SP 4-104 (12-99) PENNSYLVANIA STATE POLICE  
**REQUEST FOR CRIMINAL RECORD CHECK**

FOR CENTRAL REPOSITORY USE ONLY  
 (LEAVE BLANK)

**PART I: TO BE COMPLETED BY REQUESTER**  
 (INFORMATION WILL BE MAILED TO REQUESTER ONLY) DATE OF REQUEST

\*\*\* TYPE OR PRINT LEGIBLY WITH INK \*\*\*  
 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.  
 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.

|                |  |       |  |
|----------------|--|-------|--|
| REQUESTER NAME | North Fayette Township Volunteer Fire Department |       |  |
| ADDRESS        | 7678 Steubenville Pike                           |       |  |
| CITY           | STATE  | ZIP   |  |
| Oakdale        | PA   | 15071 |  |

All Requests will be done via PSP Patch Website

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | 1 | 2 | - | 7 | 8 | 7 | - | 2 | 8 | 8 | 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|

REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

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.

FEE EXEMPT NONCRIMINAL JUSTICE AGENCY

\*\* All Fees paid by North Fayette Twp Volunteer Fire Dept \*\*

|                                     |                              |                     |     |      |
|-------------------------------------|------------------------------|---------------------|-----|------|
| NAME/SUBJECT OF RECORD CHECK (LAST) | (FIRST)                      | (MIDDLE)            |     |      |
| MAIDEN NAME AND/OR ALIASES          | SOCIAL SECURITY NUMBER (SOC) | DATE OF BIRTH (DOB) | SEX | RACE |

REASON FOR REQUEST (CHECK ONE BLOCK)

EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)  ELDER CARE  CHILD CARE  SCHOOL DISTRICT

ADOPTION/FOSTER CARE

OTHER (SPECIFY) Volunteer Fire Dept

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

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)

|   |   |
|---|---|
| <b>REQUESTER CHECKLIST</b><br>DID YOU ENTER THE FULL NAME, DOB, AND SOC?<br>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?<br>*** DO NOT SEND CASH OR PERSONAL CHECK ***<br>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED? | <b>AFTER COMPLETION MAIL TO</b><br>PENNSYLVANIA STATE POLICE<br>All Requests will be done via PSP Patch Website<br>717-783-9973<br>BUSINESS HOURS 8:15 am - 4:15 pm (Monday - Friday) |
|---|---|

**PART II: CENTRAL REPOSITORY RESPONSE ONLY** \*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*

|  |  |
|--|--|
| <b>INFORMATION DISSEMINATED</b><br><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED<br>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.<br><input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER<br><input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE<br><input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME | <b>INQUIRY DISSEMINATED BY</b><br>SID NUMBER<br>CERTIFIED BY<br>(DIRECTOR, CENTRAL REPOSITORY) |
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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.