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**NORTH FAYETTE TWP.**  
**VOLUNTEER FIRE DEPARTMENT**



**APPLICATION FOR MEMBERSHIP**

a.

## **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 mailbox, located at, 7678 Steubenville Pike, Oakdale, PA 15071

a.

**GENERAL INFO**

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

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

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

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

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

Home

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: \_\_\_\_\_

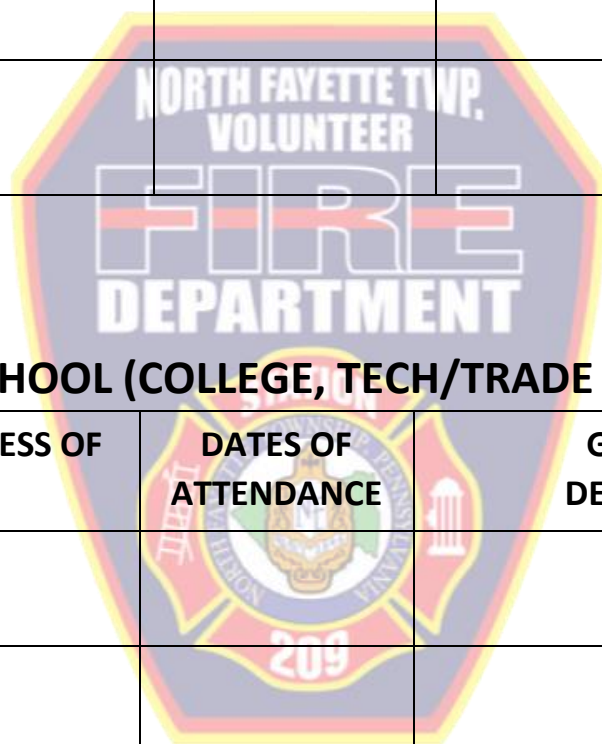
Relationship: \_\_\_\_\_

a.

## EDUCATION

### HIGH SCHOOL/GED

NAME AND ADDRESS OF SCHOOL	DATES OF ATTENDANCE	GRADUATED (Y/N) DEGREE/CERTIFICATE



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

NAME AND ADDRESS OF SCHOOL	DATES OF ATTENDANCE	GRADUATED (Y/N) DEGREE/CERTIFICATE

a.

**WORK EXPERIENCE**

NAME AND ADDRESS OF WORK PLACE	POSITION	FROM/TO	SUPERVISOR	PHONE NUMBER



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):

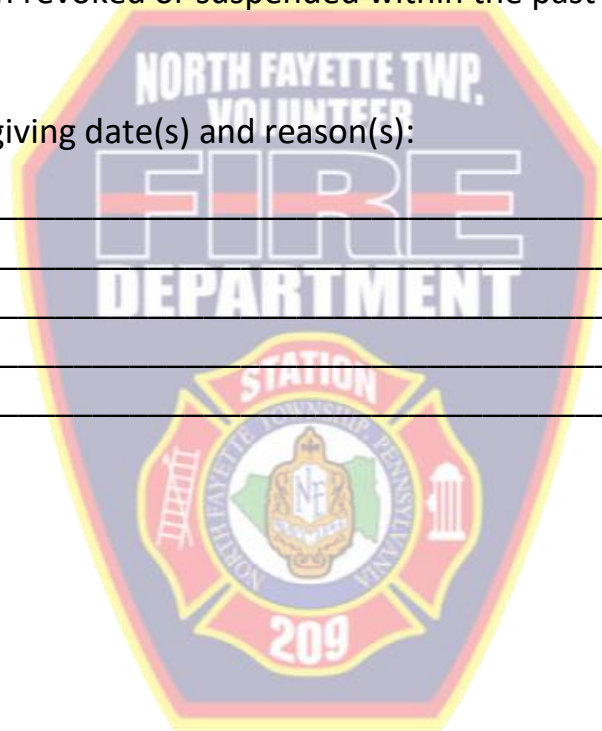
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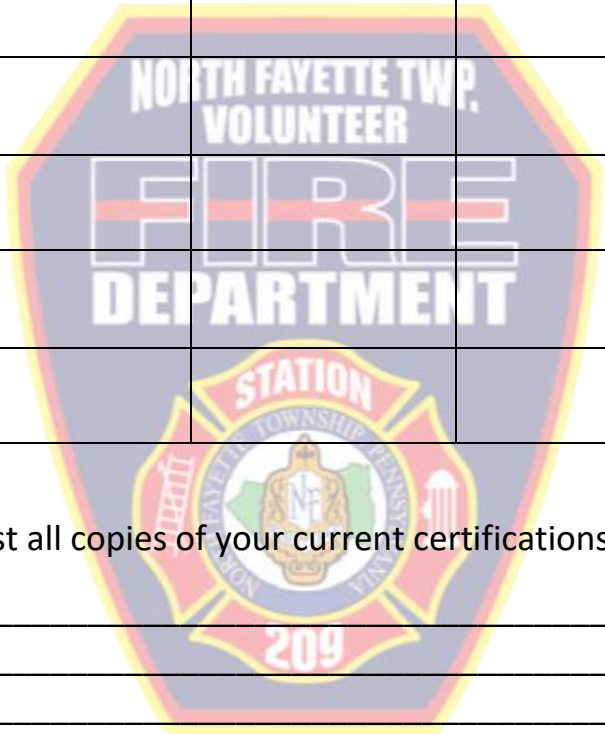
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**FIRE/EMS DEPARTMENT EXPERIENCE**

ORGANIZATION	POSITION	FROM/TO	CHIEF	PHONE NUMBER



Please provide and list all 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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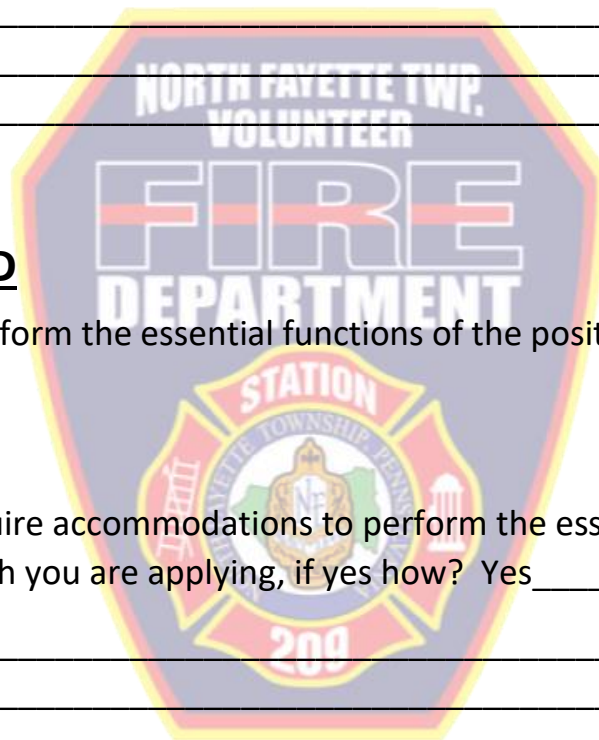
c. Medical History: \_\_\_\_\_

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

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

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

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





a.

## **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: \_\_\_\_\_

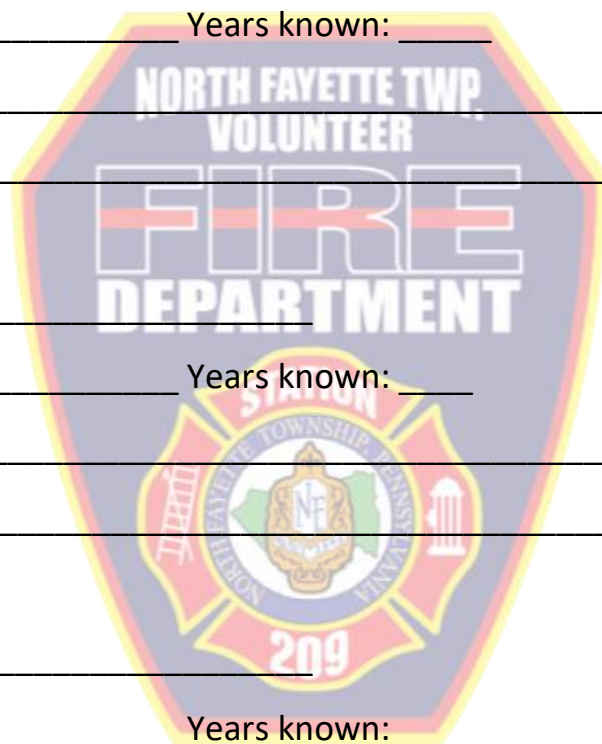
Address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Years known: \_\_\_\_\_

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

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





ATTACH TO APPLICATION

DO NOT WRITE ON THIS PAGE

FOR OFFICE USE ONLY

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

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

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

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

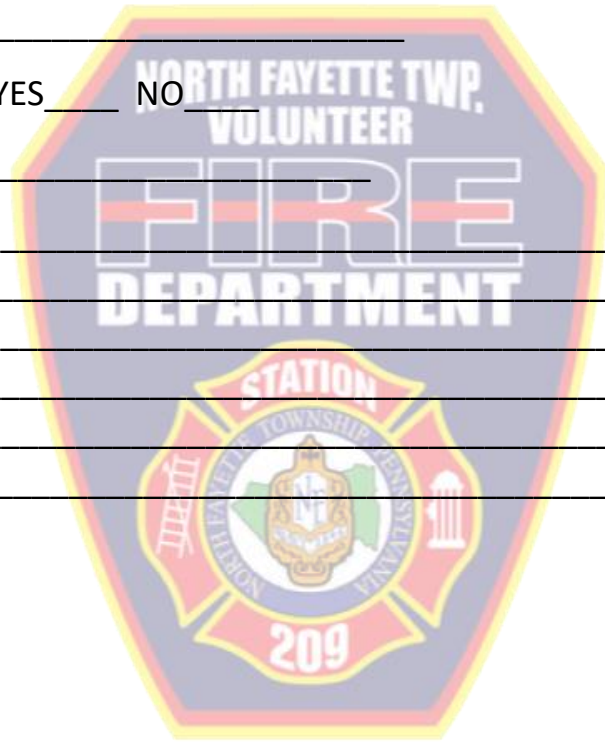
Recruiter: \_\_\_\_\_

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

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

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

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



<p>SP 4-104 (12-99)</p> <p style="text-align: center;"><b>PENNSYLVANIA STATE POLICE REQUEST FOR CRIMINAL RECORD CHECK</b></p>	<p><b>FOR CENTRAL REPOSITORY USE ONLY (LEAVE BLANK)</b></p>
<p><b>PART I: TO BE COMPLETED BY REQUESTER (INFORMATION WILL BE MAILED TO REQUESTER ONLY)</b></p>	<p>DATE OF REQUEST</p>
<p><b>*** TYPE OR PRINT LEGIBLY WITH INK ***</b></p>	
<p>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.</p> <p>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.</p>	
<p>REQUESTER NAME: North Fayette Township Volunteer Fire Department</p>	
<p>ADDRESS: 7678 Steubenville Pike</p>	
<p>CITY: Oakdale      STATE: PA      ZIP: 15071</p>	
<p>CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)</p> <p style="font-size: 24px; letter-spacing: 10px;">4 1 2 - 7 8 7 - 2 8 8 3</p>	
<p>REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)</p> <p><input checked="" type="checkbox"/> 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.</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">All Fees paid by North Fayette Twp Volunteer Fire Dept.</p> <p><input type="checkbox"/> FEE EXEMPT NONCRIMINAL JUSTICE AGENCY</p>	
<p>NAME/SUBJECT OF RECORD CHECK (LAST) (FIRST) (MIDDLE)</p>	
<p>MAIDEN NAME AND/OR ALIASES      SOCIAL SECURITY NUMBER (SOC)      DATE OF BIRTH (DOB)      SEX      RACE</p>	
<p>REASON FOR REQUEST (CHECK ONE BLOCK)</p> <p><input type="checkbox"/> EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)    <input type="checkbox"/> ELDER CARE    <input type="checkbox"/> CHILD CARE    <input type="checkbox"/> SCHOOL DISTRICT</p> <p><input type="checkbox"/> ADOPTION/FOSTER CARE</p> <p><input checked="" type="checkbox"/> OTHER (SPECIFY) Volunteer Fire Dept</p>	
<p>ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW <u>YOUR ENTIRE</u> CRIMINAL HISTORY</p> <p><input type="checkbox"/> 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)</p>	
<p>REQUESTER CHECKLIST</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p style="text-align: center;"><b>*** DO NOT SEND CASH OR PERSONAL CHECK ***</b></p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p style="text-align: center;"><b>PENNSYLVANIA STATE POLICE</b></p> <p style="text-align: center; border: 1px solid black; padding: 2px;">All Requests will be done via PSP Patch Website</p> <p style="text-align: center;">717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday - Friday)</p>
<p><b>PART II: CENTRAL REPOSITORY RESPONSE ONLY</b>      <b>***DO NOT WRITE BELOW THIS LINE***</b></p>	
<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD    <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p>INQUIRY DISSEMINATED BY      SID NUMBER</p>
<p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME      <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH      <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX      <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>CERTIFIED BY</p> <p style="text-align: center;">(DIRECTOR, CENTRAL REPOSITORY)</p>
<p>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.</p>	