



Enterprise Fire Company of Hatboro

Montgomery County Station 95

36 Byberry Avenue

Hatboro, PA 19040

215-675-4040

Application for Active Membership

The members of the Enterprise Fire Company of Hatboro would like to thank you for your interest in becoming a member. Our Company is a fully volunteer organization that serves the residents and businesses of Hatboro Borough. We welcome all who are interested in volunteering their time to protect our community.

- Auxiliary
- Junior member (under the age of 18)
- Fire Police
- Fire Fighter

For Membership Committee Use Only

Date: _____ Prop. _____ Prop. _____ JR. _____
Reg: _____ \$3.00 Paid Yes No

Please Print All Information

Name: _____
 First Middle Last Suffix

Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address(es) Within Last (5) Years:

Home Phone: _____ Cell Phone _____

Work Phone: _____ Other: _____

Email Address: _____

Age: _____ Birth Date: _____ SS#: _____

Driver's License # _____ Exp. Date _____

Class: _____ State: _____ Restrictions: _____

Present Employer: _____

Employers Address: _____

City: _____ State: _____ Zip Code: _____

Length of Employment: _____ Your Occupation: _____

Supervisors Name: _____

Employers Phone #: _____ Ext: _____

Applicants Initials _____

Date: _____

Extent of Education

Grammar High School College Trade Other
Other: _____

Military Service

Have you Ever Served in the U.S. Armed Service: Yes No

If Yes:

Branch of Service: _____

Reservist: Yes No Active: Yes No

If Not Active:

Discharged: Honorable Dishonorable Medical Other

Please Explain: _____

Background

Have you ever been convicted of a crime? Yes No

If yes explain: _____

Are you in good mental and physical health to perform the duties you are applying for? Yes No

If No explain: _____

Applicants Initials _____

Date: _____

In Case Of Emergency Notify

First Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # _____ Cell # _____

Work # _____ Ext: _____

Second Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # _____ Cell # _____

Work # _____ Ext: _____

Beneficiary Information

Our volunteers are protected with Group Insurance. It is to your advantage to name a beneficiary. Please show the following information. THIS IS IMPORTANT.

Full name given

Of Beneficiary: _____

Relationship

Of Beneficiary: _____

Member's Signature: _____

Member's Date of Birth: _____

Applicants Initials _____

Date: _____

Physician Information

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Have you had a Hepatitis B vaccination? Yes No

If Yes Date received: _____ Your Blood Type: _____

Physical Examination Forms

Please fill this out before examination by your physician

The essential job functions of volunteering for Fire fighter or fire police officer include but not limited to the following:

Climbing, lifting heavy objects, dragging, pulling, and wearing of heavy protective and respiratory equipment, carrying and operating heavy machinery and tools, working for prolonged periods of time in potentially hazardous environments, working in darkness and extreme temperatures, working at elevated heights and in confined spaces. These job functions can create high levels of stress.

Are you capable to successfully complete these essential functions with or without reasonable accommodations? Yes No

If reasonable accommodations are required, please provide details: _____

Applicants Initials _____

Date: _____

Prior Emergency Services Experience

Have you ever been or are currently a member of another fire company, ambulance or rescue squad? Yes No

If yes, please complete the following:

Company Name: _____

Address: _____

Position (s) Held: _____

List Below all fire, rescue, emergency, hazardous materials classes, courses, and seminars completed. Please use additional sheets if necessary. Please attach a copy of a certificates received.

Name of Class	Training Facility	Date Completed

Applicants Initials _____

Date: _____

Authority to Release Information

I _____, give the Enterprise Fire Company of Hatboro the permission to discuss, for fire department purposes, the content of this application with anyone except as noted here:

If none, please state: _____

Eligibility for membership in the Enterprise Fire Company of Hatboro is subject to and contingent upon a satisfactory background investigation to be obtained by the Pennsylvania State Police. (Form attached).

I, _____ hereby release and hold harmless from liability The Enterprise Fire Company of Hatboro any and all other person's, companies, corporations, schools, colleges, or Police Departments supplying information pertaining To this application.

Yes No

Signature _____

Applicants Initials _____
Date: _____

The information given on this application is true and correct to the best of my knowledge, and I hereby give the Enterprise Fire Company of Hatboro permission to verify any or all of its contents as necessary.

Applicant's Signature:

_____ Date: _____

If applying as a junior member, please have your Parent or Legal Guardian provide their signed written permission and a copy of PA State Working Papers to have your application be considered by signing below:

Consent of Parent or Legal Guardian,
Signature:

_____ Date: _____

Applicants Initials _____
Date: _____

All Applicants Are Obligated To Do The Following:

Have all information completed to the best of their knowledge

Have completed background check completed by PSP.

- Print out the form or apply online at the website below:

<https://epatch.state.pa.us/RecordCheckEntry.jsp?action=new>

****Please note:** If application is not filled out properly or incomplete, this may cause a delay in membership status.

After you have completed this form return it to the firehouse

With your \$3.00 membership fee payable to:

Enterprise Fire Company
36 Byberry Avenue
Hatboro, PA 19044

Any questions, 215-675-4040

Applicants Initials _____

Date: _____

AUTHORIZATION/RELEASE
FOR CRIMINAL HISTORY AND MOTOR VEHICLE RECORD CHECK

I understand that as a condition of obtaining and/or maintaining employment or volunteer service with this municipality I am required to allow Enterprise Fire Company and the Borough of Hatboro to complete a background investigation of me which includes criminal history and/or motor vehicle record (MVR) checks. So that Enterprise Fire Company and the Borough of Hatboro can determine whether I have a criminal record or history of motor vehicle violations, I hereby authorize Enterprise Fire Company and the Borough of Hatboro to have the Delaware Valley Municipal Management Association (DVMMA) obtain the required information on behalf of my prospective employer from the Pennsylvania State Police, the Federal Bureau of Investigation, the Pa. Bureau of Motor Vehicles, and any other government agency. In granting this authorization I acknowledge that DVMMA is acting solely as an agent for Enterprise Fire Company and the Borough of Hatboro and is only authorized to provide the results of the criminal background and/or MVR checks to Enterprise Fire Company and the Borough of Hatboro and no one else. I understand and agree that this authorization will also apply to any future updated criminal history and MVR information obtained by DVMMA on behalf of Enterprise Fire Company and the Borough of Hatboro.

I hereby direct the Delaware Valley Municipal Management Association to release any criminal history and MVR information about me to Enterprise Fire Company and the Borough of Hatboro. I understand that this information may be released or disclosed within the municipality and may later be disclosed by the municipality as otherwise required by law. I also hereby release DVMMA and its officers, agents and employees from any and all claims, liability and actions for damages of whatever kind which I may have at any time arising from DVMMA's role as agent for Enterprise Fire Company and the Borough of Hatboro in obtaining and releasing to Enterprise Fire Company and the Borough of Hatboro my criminal history and MVR information as authorized herein. DVMMA cannot act as a guarantor of information accuracy or completeness.

I hereby acknowledge receipt of a summary of my rights under the Fair Credit Reporting Act ("FCRA") entitled "A Summary of Your Rights Under the Fair Credit Reporting Act". I also acknowledge that a facsimile or photographic copy of this Authorization/Release shall be as valid as the original.

EMPLOYEE NAME

(Please Print Legibly) _____
First Middle (full name) Last Maiden

Signature: _____ Date: _____

***Parental Acknowledgement – Complete if applicant is a minor (under age 18):**

Name of Parent/Legal Guardian (Print): _____ Signature: _____

CRIMINAL BACKGROUND CHECK – Information Required:

Print All Former Names Used:

(1) _____

(2) _____

Number of Years as Legal Resident of Pennsylvania: _____
(Note: If PA resident for less than five years, FBI background check is required.)

Date of Birth: _____ Sex: _____ Race: _____
Social Security Number (if available): _____

MOTOR VEHICLE RECORD CHECK – Information Required:

Drivers' License Number: _____ State: _____

****Forward completed form to Delaware Valley Insurance Trust for processing.****