



Application for Membership Broughton Volunteer Fire Department

1030 Cochrans Mill Road
Pittsburgh, PA 15236
(412) 655-4844

For official use only:
 Active Member
 Non-Active Member

Start Date: ___/___/___

Tag Number: # _____

General Information

First Name	M.I.	Last Name	
Nickname			
No.	Street	Home Phone #	Work #
City	State	Zip Code	Cell Phone #
			Pager #
Social Security Number		Date of Birth	Email Address

Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you are under the age of 18, are you able to provide a parental signature and obtain a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>
Drivers License: Number _____ State: _____ EXP: _____ Class: _____	
Parental Signature: _____	

Education

High School and/or Colleges attended. Begin with most recent.	Degree/Diploma/Certificate	Date obtained or expected

Previous Experience

Have you ever been a member of another fire department? Yes No

If yes, please provide the following information and attach any certifications earned:

Name of Department: _____ What dates did you belong? _____

Fire Chief's Name: _____ Phone Number: _____

We will be contacting your previous fire department for a reference.

Highlight skills you feel would be helpful as a member of the Broughton Volunteer Fire Department

Background

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain:

Please list three references other than relatives:

Name	Phone Number	Relationship

Work Experience

Describe your most recent work experience (paid and unpaid).

Position	Name of Organization		<input type="checkbox"/> Summer <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
City	Province/State	Dates	
Duties:			

"I hereby certify that the information contained in this application form, is true and correct to the best of my knowledge. I fully understand that any falsifications on said application would be grounds for the disqualification of the applicant. I hereby authorize the Broughton Volunteer Fire Department to have a criminal history and personal references check performed by an independent investigator, an investigation by the South Park Township Police Department or any authorized member of the Broughton Volunteer Fire Department. The criminal history check will include a local and national police check.

I understand that if my application is accepted by the membership committee and also approved by the membership of the Broughton Volunteer Fire Department that I will be on department probation for a period of at least twelve (12) months. At anytime during my probationary period the department may terminate my membership for any cause.

All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, disabilities or age (40 and over). All information requested on this application form is solicited for the purpose of determining abilities and skills required for membership into the Broughton Volunteer Fire Department and to facilitate verification of the information requested.

I hereby acknowledge that I have read this section of the membership application and fully understand the meaning and effect of signing this form."

I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of membership.

Date

Signature