

Holmes Fire Company
Application For Membership

Personal Information

(ALL INFORMATION ON THIS APPLICATION WILL BE KEPT PRIVATE AND CONFIDENTIAL)

Name: _____ Date: _____

Current Address: _____

Recent Address: (if not at current for at least 3 years) _____

Home Phone: _____ Cell : _____ Work: _____

S.S. Number: _____ Age: _____ Date Of Birth: _____

I give Holmes Fire Company permission to do a **Complete Background** check on me now and at any time the Holmes Fire Company would deem it necessary, after I have become a member.

YES: ___ NO: ___ Signature: _____ Date: _____

Applicants over 18 years of age must complete a Pennsylvania State Police Criminal Record Check Request. A paper application is available in which you will need to fill out completely and legibly enclosing a \$10.00 money order/certified check and mail. Or you may complete this application on line at <https://epatch.state.pa.us/Home.jsp> by clicking on record check in the top center. The on-line version requires a credit card for the \$10.00 fee.

Personal Medical History:

If you have had a current physical within the past (12) twelve months, please include a copy of that physical with this application. Otherwise you will need to obtain written medical clearance affirming your ability to perform under physical and emotional conditions of an emergency responder by a licensed physician.

Do you have ANY DISABILITIES that would hinder you in any way from doing your duties as a Firefighter/EMS: Yes: _____ No: _____
If So Explain:

PERSONAL REFERENCES: Does not have to be a member of a Fire Company. (at least three (3). (Not To Be A Family Member.)

NAME: _____ ADDRESS: _____ PHONE: _____

OPERATOR/VEHICLE INFORMATION

Drivers License # _____ State: _____ Exp. Date: _____

Vehicle License Plate: _____ State: _____

Make: _____ Model: _____ Color: _____ Year: _____

I give Holmes Fire Company permission to do a Driving Record History on me now and whenever it is necessary. Signature: _____ Date: _____

Must Be Completed By Applicants Under The Age Of 18

To Be Completed If Address Is Different Than In Personal Information section:

Fathers Name: _____ Phone: _____

Address: _____

Mothers Name: _____ Phone: _____

Address: _____

Working Papers Received: _____

TRAINING

(Please List Any Classes That You Have Certificates For, And Attach Copies Of Same)

Other Fire Companies Presently Or Past, That You Are Or Were A Member Of:

If Coming From Another Fire Company'(s), Please Write A Brief Reason Why You Are Leaving The Other Fire Company(s) To Join Holmes Fire Company?

I am Interested In: Fire: _____ EMS: _____ Social: _____

Signature Of Applicant: _____ Date: _____

Signature Of Parent Or Guardian: _____ Date: _____
(if under 18yrs old)

Signature Of Proposer: _____ Date: _____

Signature Of Investigating Committee: _____ Date Rec'd: _____

Application Presented At Meeting: _____ Date: _____

Report Of Investigating Committee: Favorable: _____ Unfavorable: _____

1st Reading: _____ (Date) 2nd Reading/Voting/Accepted: _____

Probation: Start: _____ End: _____ Yes/No: _____ Date: _____

YOUR FIRST YEARS DUES OF \$5.00 MUST BE HANDED IN WITH THIS APPLICATION. IF YOU ARE UNDER 18YRS OLD, YOU MUST INCLUDE WORKING PAPERS WITH THIS APPLICATION.

DUES RECEIVED WITH APPLICATION: YES _____ NO _____ AMOUNT RECEIVED: _____

BY SIGNING THIS APPLICATION I AM ASSURING HOLMES FIRE COMPANY THAT ALL INFORMATION IS TRUE AND CORRECT. IF HOLMES FIRE COMPANY FINDS THAT ANY PART OF THE INFORMATION THAT I SUPPLIED IS NOT TRUE AND CORRECT, THE HOLMES FIRE COMPANY RESERVES THE RIGHT TO TERMINATE MY MEMBERSHIP STATUS IMMEDIATELY. IF THIS OCCURS, I UNDERSTAND THAT I MAY NOT MAKE APPLICATION TO THE HOLMES FIRE COMPANY FOR AT LEAST (3) THREE YEARS.

IF ANY PERSON APPLIES FOR APPLICATION TO THE HOLMES FIRE COMPANY AND IS NOT VOTED IN, OR DOES NOT MAKE PROBATION, THAT PERSON MAY NOT RE-APPLY FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF THE FIRE COMPANY MONTHLY MEETING AT WHICH TIME SAME WAS DETERMINED.