

MEMBERSHIP APPLICATION



Please Indicate Application Preference	
	Firefighter: Anyone 18 Years or Older wishing to join the ranks of an Active Firefighter.
	Junior Firefighter: Anyone 14 – 17 Years of Age wishing to be a Jr. Firefighter. Working papers need to be attached.
	Support Staff: Anyone who does fundraisers or anyone over 21 wishing to join social club.

Application Instructions

- 1. Active FF Membership-Attach \$15 check or cash.
Social Club Membership-Attach \$25 check or cash.**
- 2. Fill out Application in its Entirety. If Question Does Not Apply, Please Indicate "N/A" Or "Not Applicable."**
- 3. Please Print CLEARLY in Ink, or Type**
- 4. Hand in Completed Application Packet to Department Secretary
Incomplete Applications will NOT be accepted**

- Or -

**Mail To: Columbia Borough Fire Department
P.O. Box 426
Columbia, PA 17512
Attn.: Membership Committee**

Section I

General Information

*****MUST PRINT LEGIBLY or membership may be DENIED*****

Applicant Name									
	Last _____	First _____	Middle Initial _____						
	Street Address _____					Apt. # _____			
	City _____			State _____		Zip _____			
	Telephone Home _____		Cell _____						
	Work _____		Ext _____		Ok to call?		Yes		No
	E-mail Address _____								
	Date of Birth _____			SSN* _____					
<i>*Firefighters only (including Juniors)*</i>									
Do you have any relatives that are members of the CBF (Past or Present) If, so? Who and what relation? _____									
Do you have any former names or alias (including maiden name)? _____									

Section II

Employment and Education

Please list your last three employers, beginning with your current or most recent.

Company _____	Job Title _____
Street Address _____ Apt. # _____	
City _____ State _____ Zip _____	
Telephone Work _____ Ext. _____	
Supervisor/Title _____ May we contact? Yes No	
Job Responsibilities: _____	
Working hours/shift _____	

Section II

Employment and Education (continued)

Company _____	Job Title _____
Street Address _____	Apt. # _____
City _____	State _____ Zip _____
Telephone Work _____	Ext. _____
Supervisor/Title _____	May we contact? Yes No
Job Responsibilities: _____	
Working hours/shift _____	

Company _____	Job Title _____
Street Address _____	Apt. # _____
City _____	State _____ Zip _____
Telephone Work _____	Ext. _____
Supervisor/Title _____	May we contact? Yes No
Job Responsibilities: _____	
Working hours/shift _____	

Please complete based on your educational experience, beginning with your most recent schooling:

<u>Name and Address of School</u>	<u>Dates Attended</u>	<u>Highest Grade/Degree Achieved</u>	<u>Major/Area of Study</u>

Section III

Memberships and Experience

Do you hold any Professional Certificates, Licenses, or Specialized Job Training?
Yes No
If yes? Explain:

Do you currently maintain memberships in any other organizations?
Yes No
If yes? Explain:
If yes? Do you hold any office or are you employed by the organization?
If yes? Explain:

Do you have any hobbies or skills which you feel will benefit the Cbfd?
If yes? Explain:

Do you have any previous Emergency Service Experience? Yes No
If No? Skip this section.
Previous Department/Agency:

Position(s) held
Last Active: Reason for Leaving:

Contact Name/Title/Phone # from last Dept./Agency:

Emergency Service Training/Certifications:

Section IV

Background

*****Please be sure to list ALL offenses to avoid rejection of application*****

Have you <u>ever</u> been convicted of, or entered a Plea of Guilty or ARD/Section 17 to <u>any</u> Crime? If yes? Explain: What were you convicted of and when? _____ _____	
In the last (5) years, have you received, or have pending, any Summary Citations (Including Vehicular)? If yes, Explain: _____	
Have you ever served in the US or other branch of the Military? Yes No	
Branch	Date of Discharge
If other than Honorable Discharge, Please Explain: _____	

Please provide two CBF D members in good standing as sponsors, whom you have known for at least 2 years, who are not related to you and were not previous co-workers or Supervisors:

<u>Name</u>	<u>Telephone Number</u>	<u>Association</u>	<u>Years Known</u>

I am submitting this application providing truthful and complete answers to all questions. I agree that I am responding to all questions with my best ability. I understand that all answers and submissions made on this application are subject to investigation and review. I understand that a state police background investigation will be completed, and my acceptance into the Columbia Borough Fire Department is contingent upon a successful background check.

I authorize the Columbia Borough Fire Department to inquire into my educational, criminal, and employment records; as well as all references.

I understand that any falsification, failure to provide a clear answer, or omission on this application could result in my denial of membership, or termination of membership from the Columbia Borough Fire Department.

Print Name

Signature

Date

Release and Waiver

1. As an applicant with the Columbia Borough Fire Department, I am requested to furnish information for use in determining my qualifications for membership. I hereby authorize any representative of the Columbia Borough Police Department and the Columbia Borough Fire Department, Inc. bearing this release, or a copy of it, to obtain any and all information in your files concerning me, including information which may be confidential, privileged, and/or derogatory in nature; including but not limited to police officer records, employment information, results of background investigations which pertain to me, psychological examinations and their results, educational records/transcripts, polygraph examinations and their results, dental records, credit and financial information, local criminal history information and/or any information you may possess. Additionally, I authorize you to release any disciplinary actions against me, which includes those that have been "sealed" pursuant to any agreement and any internal affairs investigations, current or closed, or any files deemed confidential to me.

2. I authorize release of any record of contact between law enforcement agencies and myself, to include arrests and convictions. I authorize the release to any law enforcement agency any information ascertained in this investigation relating to a possible crime.

3. I also authorize the release of any medical records or medical information in the files of my current or former employer(s), or any current or former physician (s). ****(Firefighters & Juniors only)****

4. I hereby direct you to release this information upon request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Columbia Borough Police Department and the Columbia Borough Fire Department.

5. I hereby release the Borough of Columbia, the Columbia Borough Fire Department and your respective members, officers, directors, agents, successors and assigns from any and all liability for damage of whatever kind which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempts to comply therewith.

6. Any falsification of information on criminal background is deemed for immediate termination.

CERTIFICATION: I certify that I have read this authorization form and understand its meaning and purpose.

Name: _____ Signature: _____

Witness Name: _____ Witness Signature: _____

Date: _____

Please Return this Form Along with Your Completed Application Packet

For Official Use Only

Type of Membership Senior Junior Firefighter Support Staff

Date Application Received: _____ Received By: _____

Application Fee Received: _____

Criminal History Background Check: Pass Fail

Date Applicant Reviewed by Membership committee: _____

Circle One: Accepted or Rejected

Date Applicant was voted on: _____ Accepted / Not Accepted

Date Applicant received as full member of Cbfd: _____

X

CBFD Secretary

SOCIAL CLUB MEMBERSHIP NUMBER _____