



Membership position are you interested in:

___ Firefighter ___ Fire Police ___ Support

Availability:

___ Weekday Mornings ___ Weekday Afternoons ___ Weekday Nights
___ Weekend Mornings ___ Weekend Afternoons ___ Weekend Nights

PERSONAL INFORMATION

Name: _____ Social Security # _____

Maiden Name (If applicable) _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long at above address: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Cell Phone # _____

Date of Birth: ___/___/___ Age: _____ Sex: _____

E-Mail Address: _____

Driver's License #: _____ State of License: _____ Exp. Date: _____

Marital Status: _____ If married, spouses name _____

Have you ever been convicted of, pleaded guilty or "no contest" to a crime? Yes or No

If so, please explain: _____

EMPLOYMENT INFORMATION

Present Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Phone #: _____

Will your present employer allow you to respond to calls? Yes ___ No ___

EDUCATION

Name of last school attended: _____

Highest grade, level, or degree achieved: _____

PRIOR EXPERIENCE

Have you ever been or are you 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: _____

Contact Name & Phone #: _____

Reason for leaving: _____

List below the fire, rescue, emergency, hazardous materials classes, courses, and seminars completed. Please use additional sheets if necessary. Please also attach copies of all certificates received for classes completed.

Job Performance:

The essential job functions of a volunteer firefighter and fire police officer in the fire department include but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights.

Are you able to successfully complete these essential functions with or without reasonable accommodations? Yes _____ No _____ Not Applicable _____

Please Initial _____

If reasonable accommodations is required, please provide full details:

AUTHORITY TO RELEASE INFORMATION / AGREEMENT (READ BEFORE SIGNING)

I, _____ certify that the facts contained in this application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any authorized representative of the Coplay Fire Department to obtain any and all information available from my past and present fire department involvement, criminal records, child abuse clearances and driving records. I request that the custodian of records, in each case, permit my records to be examined, or otherwise reviewed. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability from damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. I fully understand that if accepted, my membership is governed by the By Laws and Standard Operating Procedures of the Coplay Fire Department as well as the ordinances set forth by the Borough of Coplay. I also understand and am fully aware that random alcohol and narcotics/drug testing may be done at any time. All Information obtained will be held in strictest confidence. By joining the department I acknowledge that I have an obligation to answer emergency calls, attend trainings, and participate in any other department activities to the best of my ability.

Applicant's Signature: _____

Date: _____

Parent(s)/Guardian(s) Signature: _____

JUNIOR FIREFIGHTERS

I/We the parent(s)/guardian(s) of _____ are giving permission for our son/daughter to apply for membership in the Coplay Fire Department. I/We, also, give permission for our son/daughter to perform in the duties and functions as required and as allowed by governing state laws. The junior firefighter applicant must also abide by the Coplay Fire Department's SOG (Standard Operating Guideline) for junior firefighters. The junior firefighter applicant must obtain work permit papers as issued from the department of education of the commonwealth of Pennsylvania, which is provided by the local school district, within 1 month of being accepted as a member.

School now attending: _____

Grade: _____

PARENT(S)/GUARDIANS SIGNATURES AND DATE:

ADMINISTRATIVE USE ONLY:

**REFERENCE CHECKS /
NOTES:**

ACCEPTANCE / DENIAL:

DATE JOINED: _____

REASON FOR DENIAL: _____

FIRE CHIEF SIGNATURE: _____

IT IS THE POLICY OF THE COPLAY FIRE DEPARTMENT TO PROVIDE EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, AGE OR DISABILITY.