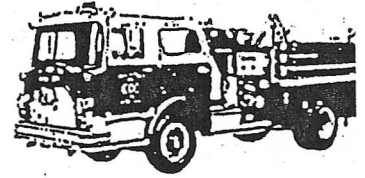
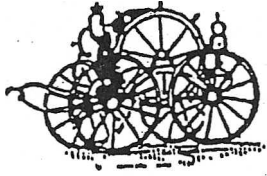


2.

Chalfont Chemical Fire Engine Co. No. 1

101 N. Main Street

Chalfont, PA 18914-2913



Incorporated 1904

1. Personal Information

Date of Application: _____ Home Phone: _____

Name: _____

Home Address: _____

How long have you lived at this address? _____ Years _____ Months

If less than three years, list prior address:

Work Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Date of Birth: _____

Have you ever been convicted of a crime? Yes/No If yes, explain:

Have you ever been arrested? Yes/No If yes, explain:

(If you need additional space, continue on the other side.)

What area(s) are you interested in:

_____ Fire Fighting _____ Fire Police _____ General Non-emergency

2. Employment Information:

Employer: _____

Position: _____

Address: _____

Immediate Supervisor: _____ Phone: _____

How long have you worked for this employer? _____ Years _____ Months

If less than three years, list previous employer(s) below:

Previous Employer(s): _____

Address: _____

Position: _____ Dates: _____

Immediate Supervisor: _____ Phone: _____

Are you legally eligible for employment in the USA? _____

3. Prior Emergency Services Experience

Are you now or were you ever a member of any other emergency services agency?
_____ (If no, skip to Section 4.)

Agency Name(s): _____

Positions held: _____

Address(es): _____

Supervisors Name: _____ Phone: _____

Dates of membership: _____

Emergency Services Training

Please list all certifications or licenses. Copies of said certificates and licenses will be required upon acceptance:

4. Statement of Understandings and Authorizations

I hereby apply for membership in the Chalfont Chemical Fire Company No. 1 (herein known as the Company) and, if accepted for membership, I will comply with the constitution, bylaws, rules, standard operating procedures, and conduct expected of company members.

I authorize the Company to investigate the statements made in this application. I understand that an investigation of these statements may be made, including but not limited to, a criminal background check and a Bureau of Motor Vehicles records check. I understand that omitting or falsifying information in this application or any subsequent interview connected with this connected with this application may result in denial of membership or expulsion from the Company.

I hereby authorize the following parties to release any and all information concerning me to the Officers of the Company, or their agent:

1. Bureau of Motor Vehicles of the Commonwealth of Pennsylvania, or any other state driver's license authority;
2. Any law enforcement agency;
3. Any emergency services agency I was ever a member of;
4. Any employer, present or past.

I understand that nothing contained in this application or any membership interview is intended to create a contract for employment, a contract providing any benefit, or to in any way obligate the Company. I certify that no promises regarding employment or any other benefit were made to me and I understand that in any event, any such promises are not binding on the Company.

Signature of Applicant:

_____ Date: _____

Printed Name: _____

5. Applications Committee Processing Record

Date application received: _____

Date of Interview: _____ In person or on phone: _____

Comments: _____

Date criminal record check completed: _____

Comments: _____

Date driver's license checked: _____

Comments: _____

Date applicant proposed: _____

Date of Membership vote and results: _____

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