



EPHRATA PIONEER FIRE COMPANY

135 S. State Street, Ephrata PA 17522

(717) 733-4850 • www.ephratafire.org

EPFC APPLICATION FOR:

Tactical Membership (Choose One)	Aux. Support Membership ____	Administrative Membership ____
Firefighter (Age 18+): ____ Fire Police (Age 21+): ____ Cadet (Ages 16-18): ____	Anyone wishing to aid the Fire Co., non-tactically, non-voting	Anyone 18+ wishing to assist in the administrative functions of the department

APPLICATION INSTRUCTIONS:

1. Please enclose a \$10 non-refundable application fee (check/money order/cash).
*Make Checks payable to Ephrata Pioneer Fire Company
2. **Please read carefully.** All requested information must be furnished. It is IMPORTANT that you answer all questions on your application fully and accurately. If an item does not apply to you, or if there is no information to be given, please indicate with N/A or Not Applicable.
3. This application must be typed or filled out using blue/black ink.
4. Completed applications are to be mailed or hand delivered to:
Ephrata Pioneer Fire Co.
Attn: Membership Committee
135 S. State Street
Ephrata, PA 17522
5. Applicants will be proposed on the first Tuesday of the month after the application has been received. A background investigation will be conducted. If the applicant is suitable for membership, he/she will be interviewed and then voted on by the Fire Co. Membership, at the next Company meeting following this process.

APPLICANTS WILL BE CONTACTED FOR AN INTERVIEW.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext: _____ Ok to call? Yes. No.

Email address: _____

Date of Birth: _____ SSN: _____

Do you have any relatives in EPFC (past or present)? If so, who and what relation?

Do you have any former names, an alias, etc.?

EDUCATION & TRAINING

Please complete based on your education experience - beginning with your most recent schooling:

NAME & LOCATION OF SCHOOL	DATES ATTENDED	TYPE OF DIPLOMA OR DEGREE	MAJOR/ MINOR OR FIELD OF STUDY

Special professional and vocational qualifications, licenses, publications, public speaking, memberships and/or volunteer experience:



WORK HISTORY

In the space provided below, give your employment history beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this application; however, you may attach a resume as a supplement. You must complete ALL parts of the employment application in order for your application to be considered complete.

COMPANY:	JOB TITLE:
Address:	Name & Title of Supervisor:
Phone:	May we contact your present employer regarding your record of employment?
Date of employment: _____ to _____	Part-time___ Full-time___ Hours per week <input type="text"/>
Description of duties and responsibilities:	

COMPANY:	JOB TITLE:
Address:	Name & Title of Supervisor:
Phone:	May we contact your present employer regarding your record of employment?
Date of employment: _____ to _____	Part-time___ Full-time___ Hours per week <input type="text"/>
Description of duties and responsibilities:	

COMPANY:	JOB TITLE:
Address:	Name & Title of Supervisor:
Phone:	May we contact your present employer regarding your record of employment?
Date of employment: _____ to _____	Part-time___ Full-time___ Hours per week <input type="text"/>
Description of duties and responsibilities:	



MILITARY SERVICE

In the space provided below, give your employment history beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this application; however, you may attach a resume as a supplement. You must complete ALL parts of the employment application in order for your application to be considered complete.

Have you ever served in the U.S. Armed Forces? Yes___ No___ (If "yes" complete items below.)	
Branch of Service _____	Date of Final Discharge:
Active Duty _____	From _____ to _____
Rank upon separation/discharge _____	
Describe special training and military assignments related to job applied (if applicable):	

ADDITIONAL INFORMATION

Answer the following questions by placing an "X" in the proper column	Yes	No
Do you have any previous Emergency Service experience? If "yes", please provide the following information: Previous Departments/Agencies: _____ Positions Held: _____ Last Active: _____ Reason for leaving: _____ Contact Name/Title/Phone from Last Dept: _____ Trainings/Certifications: _____		
Have you ever been convicted of a felony? Entered a plea of guilty or ARD/Section 17 to a crime? If "yes", please provide complete details:		
In the last 5 years, have you received or do you have pending Summary Citations? If "yes", please provide complete details:		

REFERENCES

List 3 persons who are NOT related to you, whom you have known at least 2 years and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do NOT repeat names of supervisors listed under WORK HISTORY.

NAME	PHONE NUMBER	BUSINESS/OCCUPATION



PREVIOUS ADDRESS

Upon receipt of your application, Ephrata Pioneer Fire Company will conduct a complete background investigation. **Please provide 10 FULL YEARS of addresses below:**

Current					Length of time at Residence	
	Street or RFD	City	County	State	years	Months
Previous					Length of time at Residence	
	Street or RFD	City	County	State	years	Months
Previous					Length of time at Residence	
	Street or RFD	City	County	State	years	Months
Previous					Length of time at Residence	
	Street or RFD	City	County	State	years	Months
Previous					Length of time at Residence	
	Street or RFD	City	County	State	years	Months

RELEASE & WAIVER

As an applicant with the **Ephrata Pioneer Fire Company**, I am requested to furnish information for use in determining my qualifications. I hereby authorize any representative of the Ephrata Police Department and the **Ephrata Pioneer Fire Company** 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 offer 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 agree- ment and any internal affairs investigations, current or clos

1. ed, 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).
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 Ephrata Police Department and the **Ephrata Pioneer Fire Company**
5. I hereby release Ephrata Borough, the **Ephrata Pioneer Fire Company** 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 there with.
6. This release will expire (1) year after the date that it was signed, and is a complete, total, and unequivocal waiver.

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

Signature: _____ Name: _____

Witness: _____ Date: _____

