

# Third District Volunteer Fire Company No. 1

1141 HARRISON STREET  
BRISTOL, PA. 19007

BUSINESS (215) 788-6214

FAX (215) 788-3115

**EMERGENCY 911**

APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Phone: (    )	
Current address:			
City:	State:	ZIP Code:	
Email Address:	Cell Phone: (    )	Date:	
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:		How long?	
Phone: (    )	Fax: (    )		
City:	State:	ZIP Code:	
Position:			
EMERGENCY CONTACT			
Name:			
Address:		Phone: (    )	
City:	State:	ZIP Code:	
Relationship:			
MEDICAL HISTORY			
Height:	Weight:	Hair Color	Eye Color
Have you been hospitalized in the last three years? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> If yes explain:			
List any disabilities or conditions that you have: Example <i>asthma, diabetes, etc</i>			
Are you willing to undergo a physical? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>			
Are you currently using any type of drugs or medications? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> If yes list them:			
Do you have any alcohol or drug issues? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>			

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PERSONAL HISTORY		
Driver's License#:	State:	Expiration Date:
Has it ever been Suspended or Revoked? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	If yes explain	
Ever Been arrested or convicted of a crime? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	If yes explain	
REFERENCES		
Name	Address	Phone
		(    )
		(    )
OTHER ORGANIZATIONS		
Have you ever been a member of another organization? If yes which one? Address		
Are you still a member? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>		
Have you ever been suspended from the organization? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>		
List any positions held in the organization:		
Contact name and phone number of someone in the organization:		
List any hobbies you think would contribute to the fire company:		
SPONSORS (CURRENT MEMBERS OF THE DEPARTMENT)		
Name:	Signature	
Name:	Signature	
AUTHORIZATION		
I authorize the verification of the information provided on this form and give Third District Fire Company No. 1 permission to perform the Pennsylvania State Police Criminal Records Check.		
Signature of applicant:	Date:	

