

Lionville Fire Company

15 South Village Ave P.O. Box 478 Lionville, PA 19353 610-363-7663 www.lionvillefire.org 610-524-6309 (fax)

Application for Membership

Personal Information

Name:	(first)		Maiden Na	me:
(last)	(first)	(middle)		
Date of Birth:	//	Social S	Security #:	Sex:
Home address:	(#) (street)		(town)	(state) (zip)
Phone numbers:	:			
Home:	()		Business:	()
Pager:	()		Cellular:	(
	Nextel Private I	D:*		
E-mail:	@		Driver's lice	nse #:
Driver's license	Туре: 🗆 А 🗖	в 🗆 С 🗖 М	Issuing State:	Expiration Date:
Marital Status: _		Spouse's Name:		
In case of Emer	gency, Notify:		Relationship	:
Phone #:		Special	Instructions:	
Do you wish to b	pe (check one):	☐ Fire	Inactive stighter Police ninistrative	
		ase skip to page 4.	A rest of the annlicat	ion
Military Serv	ice			
Branch:		Rank: _		
Speciality Field:			Duties:	
Dates of service	:		Type of Discharge: _	

iviem	per of inatio	If yes:	d or Reserve:	⊔ Yes		NO		
		11 y co.	Rank:		_ Du	ıties:		
Meeti	ng Require	ements:						
Edu	cation							
Highe	st level cor	mpleted (p	olease circle):					
10	11	12	trade/tech	undergrad	gra	aduate		
High	school:							
	Name/a	addr:						
	Gradua	ition date:			_			
Techr	nical/trade	schools:						
1.	Name/a	addr:						
	Dates a	attended:			_ Su	bject studied:		
2.	Name/a	addr:						
	Dates a	attended:			_ Su	bject studied:		
Colle	ges/univers	sities:						
1.	Name/a	addr:						
	Dates a	attended:		M	ajor:		Degree:	
2.	Name/a	addr:						
	Dates a	attended:		M	ajor:		Degree:	
Emp	loyment	:						
Prese	nt employe	er:						
	Name/a	addr:						
	Occupa	ation:						
	Supervi	isor:						
	Phone	#:						
	Do you	give pern	nission for us to	contact your s	upervisor	? 🗖 Yes		No

Experience

Have you ever been a med ☐ Yes	mber of a fire, rescue, ambula	unce or similar organization?	
Previous organization:			
Name/addr:			
Dates:	Positions:		
Reason for leaving:			
List all training you have c	ompleted. (Please attach cop	pies of all certificates):	
Miscellaneous			
References: (List three pe	eople who are not related to yo	ou):	
Name	Address		Phone #
Do you have any mental, r fire police officer?	medical, or physical conditions	s that would affect your perfor	ming as a firefighter or
□ Yes	□ No		
If yes, please exp	olain:		
Have you ever been arres — Yes	ted, imprisoned, or placed on No	probation?	
If yes, please exp	olain:		

All applicants must complete the following.
authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Further, I understand and agree to abide by the rules and regulations overning the Lionville Fire Company.
ignature: Date:
Applicants for active membership must complete the following.
also agree to successfully complete or provide proof of successful completion of a Firefighter I course vithin one year of membership. Failure to do so is cause for dismissal.
ignature: Date:
Applicants under 18 years of age must supply the Lionville Fire Company with working papers at time of application for membership. They must also have the following section completed by a parent or guardian.
grant permission for the above applicant to join and participate as a member as indicated on page 1 with ne Lionville Fire Company.
lame (printed): Relationship:
ignature: Date:
The following must be supplied for all applicants.
Company members sponsoring applicant:
. Member's name
. Member's name
Please enclose cash, check or money order payable to Lionville Fire Company for \$10 to cover the cost of a criminal history check.
n connection with my application for membership with the Lionville Fire Company, I understand that experience and inquiries are to be made on myself including consumer, criminal, driving and other exports. These reports may include information reflecting upon my character, work habits, performance and experience. Further, I understand that you will be requesting information from various federal, state, and ther agencies which maintain records concerning my past activities relating to my driving, criminal, civil and ther experiences. I authorize, without reservation, any party or agency contacted by this organization to urnish the above mentioned information. With the submission of this application I certify that all statements are true and correct to the best of my nowledge and belief. Any misrepresentation or omissions on this application may be sufficient cause for ejection of the application or dismissal after membership. The offer of membership is conditional pending uccessful probationary period. If accepted for membership I hereby agree to abide by the rules and olicies of the Lionville Fire Company.
ignature Date

Printed Name

Child Labor Law Compliance

This page must be completed by all persons under the age of 18 applying to the Lionville Fire Company for any type of membership.

The following is a summary of restrictions placed on minors by the "Child Labor Law", Act of 1915, P.L. 286, No. 177.

- You may not work more than 44 hours in any one week, or more than eight hours per day. This includes any employment you may have outside the fire house. In addition, if you are attending regular day school, you are not permitted to work more than 28 hours per school week.
- You are not allowed to respond to or participate in activities between the hours of midnight and 6 a.m. if you are enrolled in regular day school. You are not allowed to respond to or participate in activities between the hours of 1 a.m. and 6 a.m. on Fridays and Saturdays and on days preceding a school vacation occurring during the school year, except the last day of the vacation period.
- (3) You are allowed to drive any fire company vehicle.
- (4) Upon successful completion of an Essentials of Fire Fighting Exterior Evolutions, you will be allowed to engage in fire fighting activities provided that you are under the direct supervision and control of the fire chief or a line officer.
- (5) You will not be allowed to perform any of the following under any circumstances:
 - a. Operate an aerial ladder, aerial platform or hydraulic jack
 - b. Use rubber electrical gloves, insulated wire gloves, insulated wire cutters, life nets, or acetylene cutting units.
 - c. Operate the pumps of any fire vehicle while at the scene of a fire, or
 - d. Enter a burning structure.
- (6) If you respond to or are participating in an activity between the hours of 6 a.m. and midnight and the incident carry's over into the time frame not allowed as described above, it is legal to stay at the incident until the fire chief has excused you.

Pennsylvania "Child Labor Law" with regards to	ne above and understand the limitations placed on me by the position time limits and participation in incidents. I further agree to ted above. Violation of the law is grounds for dismissal.			
Signature	 Date			
Witness	Witness Printed Name	 Date		