

## CITIZENS HOSE COMPANY NO. 5

### MEMBERSHIP APPLICATION

Date:

Please type or print clearly

#### Personal Data:

Name:     
(Last) (First) (Middle)

Social Security Number:    Date of Birth:

Driver's License: State:  License Number:

Home Address:

Home Phone Number:  Cell:

Email:

#### Employment Record:

List your most recent or current employer:

Dates of Employment:  /  /  to  /  /   
(month) (day) (year) (month) (day) (year)

Name and address of employer:

Supervisor Name / Phone:

Type of work performed:

**References:**

**List two (2) Character references (other than relatives)**

1. Name and Address:

Phone Number:

Occupation:

2. Name and Address:

Phone Number:

Occupation:

**General Information:**

Have you previously applied to any other Lock Haven Fire Company? ☐ YES ☐ NO

Have you ever been an adjudicated delinquent? (Felony) ☐ YES ☐ NO

List nature of any criminal history charge and disposition:

**Social Activities:**

List any extra curricular activities:

|  |
|--|
|  |
|  |
|  |

**Emergency Contact List:**

Please provide two (2) contacts in the event of an emergency:

Emergency Contact:

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

Phone Number:

|  |
|--|
|  |
|--|

Emergency Contact:

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

Phone Number:

|  |
|--|
|  |
|--|

**Medical Information:**

Blood Type:

|  |
|--|
|  |
|--|

Current Medications:

|  |
|--|
|  |
|--|

Allergies:

|  |
|--|
|  |
|--|

**Educational Information:**

High School graduate or GED:

Highest grade completed:

Higher Education:

**Current Certifications:**

**List any other relevant training or experience below:**

**Briefly describe your interest in Citizens Hose Company:**

By signing below, I affirm all information in this application is truthful and correct to the best of my knowledge. I also understand that any information that is intentionally omitted, forged, or purposefully misleading may result in my dismissal from the CHC.

Sign here:

Date:

**Member recommendations:**

Members name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Members name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Members name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Investigating Committee Signatures:**

**Applicants name:** \_\_\_\_\_

We, the undersigned, believe that \_\_\_\_\_ meets the requirements to be considered for membership into the Citizens Hose Company No. 5. With consideration to the By-Laws of this Company, we have decided to **SUPPORT** or **NOT TO SUPPORT** \_\_\_\_\_'s petition for probationary membership.

Member's name : \_\_\_\_\_

Signature: \_\_\_\_\_

Date; \_\_\_\_\_

Member's name : \_\_\_\_\_

Signature: \_\_\_\_\_

Date; \_\_\_\_\_

Member's name : \_\_\_\_\_

Signature: \_\_\_\_\_

Date; \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**Fire Department Use**

**Read to Company (Date):** \_\_\_\_\_

**Interview Date:** \_\_\_\_\_

**Committee:** \_\_\_\_\_

**Recommendation of Committee:**

**Accept** \_\_\_\_\_ **Reject** \_\_\_\_\_

**Presented to Company (Date):** \_\_\_\_\_

**Accept** \_\_\_\_\_ **Reject** \_\_\_\_\_