

Heidlersbug Fire Company

2720 Heidlersburg Road

Gettysburg, PA 17372

Application for Membership

**** Please note that all new applicants will be subject to a criminal background check. Please print clearly. We need to be able to read it!**

____ Junior – for members 14-17 years old

____ Active – for members living and working in the “first due area”

____ Social – for members not living or working in the “first due area”

Name: _____

Street Address: _____

City, State, & Zip Code: _____

Telephone Number: _____

Email Address: _____

Employment

Employer's Name: _____

Street Address: _____

City, State, & Zip Code: _____

Telephone Number: _____

Job Title & brief description: _____

Supervisor's Name: _____

Are you able to leave work to respond to alarms? _____

Education

High School Name: _____

Street Address: _____

City, State, & Zip Code: _____

Highest Grade Completed: _____

Do you have any further education i.e. college, trade school, etc.)? ____ yes ____ no

If so, please list: _____

Have you ever been suspended from another fire company? ____ yes ____ no

If yes, please explain: _____

Training

Please list any training and dates attended – (i.e. hazmat, EMT, trench, etc.)

(If you need more space, please attach another piece of paper to this application.)

References: Please list two personal references (no family or current Heidlersburg Fire Company members.)

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____

How do you know this person? _____

Name: _____

Street Address: _____

City, State & Zip Code: _____

How do you know this person? _____

**** Please note that references will be checked.**

What areas of the fire department are you interested in helping with?

_____ Firefighting

_____ EMS

_____ Fire Police

Goals

Please stated why you want to join Heidlersburg Fire Company and briefly list your goals.

Driver's License Information

Do you have a current valid driver's license? _____ yes _____ no

If not, please explain. _____

In Case of Emergency

Who should we notify in case of an emergency?

Name: _____

Telephone Number: _____

Do you have any allergies? _____ yes _____ no

Please list: _____

Do you have any medical conditions we should know about in the event of an emergency (asthma, diabetes, etc.)? Please list.

Previous Involvement

Do you now or have you in the past belonged to this or another fire company? If so, please list the following:

Name of Company: _____

Street Address: _____

City, State, & Zip Code: _____

Supervisor's Name & Title (Chief, Ambulance Captain, etc.)

Name of Company: _____

Street Address: _____

City, State, & Zip Code: _____

Telephone Number: _____

Supervisor's Name & Title (Chief, Ambulance Captain ,etc.)

Referred by: _____

This reference must be by a current Company member in good standing.

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK

This form is to be completed in ink by the requester - (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER

AFTER COMPLETION MAIL TO:
PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY - 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

Local Number 717-425-5546
1-888-QUERYPA (1-888-783-7972)

DO NOT SEND CASH OR PERSONAL CHECK

NAME/ REQUESTER	Heidlersburg Fire Company
ADDRESS	2720 Heidlersburg Road
CITY/STATE/ ZIP CODE	Gettysburg, Pa 17325

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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NAME/SUBJECT OF RECORD CHECK (FIRST)		(MIDDLE)	(LAST)			
MAIDEN NAME AND/OR ALIASES		SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

- ADOPTION (DOMESTIC)
- ATTORNEY
- BANKING
- BAR ASSOCIATION
- CHURCH
- CHILD CARE
- EDUCATION
- ELDER CARE
- EMERGENCY MANAGEMENT
- EMPLOYMENT/SCREENING
- FOSTER CARE
- HEALTHCARE
- HOUSING
- INSURANCE LICENSE
- MENTAL HEALTH
- NURSE AID TRAINING
- OTHER
- PASSPORT
- PRIVATE INVESTIGATIONS
- SOCIAL SERVICES
- TENANT CHECK
- VISA
- VOLUNTEER AMBULANCE/FIREFIGHTER
- VOLUNTEER

ACCESS & REVIEW (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.