

ACME HOSE CO. NO. 1

APPLICATION FOR MEMBERSHIP



PLEASE COMPLETE THE FOLLOWING FORMS IN THEIR ENTIRETY, ACCURATELY AND TRUTHFULLY.

ALL APPLICATIONS MUST INCLUDE:

SIGNATURES OF TWO MEMBERS OF ACME HOSE COMPANY NO. 1 AS SPONSORS

COPIES OF ALL CERTIFICATIONS

CURRENT DRIVER'S LICENSE

ACME HOSE COMPANY NO. 1
MEMBERSHIP APPLICATION
EAST STROUDSBURG, PA

Date: _____

To The Members of Acme Hose Company No. 1:

I, the undersigned, hereby make application to become a member of your company, and declare that if admitted I will obey and be governed by the rules and regulations of the same.

PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.

Last Name	First Name	Middle Initial	
Address	City	State	Zip
Telephone	Cell Phone	Social Security #	Driver's License #
Years at Current Address	Previous address if less than 2 years		
Can you perform the required duties and functions of an active member of the fire department? If no, please explain.			
<hr/> <hr/>			
Are you currently on disability? If yes, for what reason?			
<hr/> <hr/>			
Are you 18 years or older?			
YES [] NO []			
Any previous Firefighting experience? if yes, please list company and dates.			
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LIST ANY FIREFIGHTING CERTIFICATES HELD:

(Must provide copies of certificates)

Were you ever convicted of a felony? **YES** [] **NO** []

If yes, please explain:

Were you ever a member of Acme Hose Company No. 1? **YES** [] **NO** []

If yes, when and under what name?

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name		Relationship To Applicant	Work or Cell Phone
Address	City	State	Zip Code
Secondary Contact		Relationship To Applicant	Work or Cell Phone

BENEFICIARIES

Primary Name	Telephone	Relationship
Secondary Name	Telephone	Relationship

Please list any allergies or other pertinent medical information:

EMPLOYMENT INFORMATION

Employer Name		Telephone	
Address	City	State	Zip Code
Employed Since	Current Job Title	Supervisor's Name	
May we contact your Employer? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]			

EDUCATION INFORMATION

High School Attended	Did You Graduate? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]	What year?	
Address	City	State	Zip Code
College/University Attended	Did You Graduate? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]	What year?	
Major Field of Study	Degree Obtained or Currently Pursuing		
Special Trade or Business Experience (Please Explain)			

REFERENCES

Please list three individuals who have knowledge of your personal character, ability, and work ethic. These individuals should not be relatives or short-term acquaintances, and should be available for investigation.			
Name	Address	Telephone	Occupation

The use of this application for membership does not indicate that there are any positions open and does not obligate this company in any way. It is understood that the falsification or misrepresentation of the information requested on this application or any document used to secure membership will be sufficient cause for the denial or termination of membership regardless of when such fact or information may be discovered. If accepted, the applicant agrees to comply with the company orders, rules and regulations of Acme Hose Company No. 1

I hereby authorize Acme Hose Company No. 1 to investigate any and all information submitted on this application, including a Criminal Background Check, and upon my signature below do attest that all information presented is true and in fact.

Signature of applicant

Date

Sponsors of Applicant

(2 Sponsors are required to complete application)

Member Name	Member Signature
Member Name	Member Signature

**ACME HOSE COMPANY NO. 1
INVESTIGATION COMMITTEE FINDINGS**

The Committee of Inquire, to whom this application was submitted on _____, reports that the applicant is found to be:

[] FAVORABLE

[] UNFAVORABLE (additional information)

Investigation Committee Member Signatures

(Minimum of 2 Members Required)

Member Name	Member Signature
Member Name	Member Signature
Member Name	Member Signature