



Franklin Fire Company #4

Membership Application

Revised:
June 2, 2016
Adam Maravelis
Captain

There will be a one time, non-refundable fee of \$10.00 due at the time of application.

Type of Membership requested (check one): Operations ___ Non-Operational ___ Junior ___

Name: _____ Age: _____ D.O.B. _____

Address: _____ Social Security#: _____

Contact Phone #: _____ E-Mail Address: _____

Beneficiary/Emergency Contact Name and Phone #: _____

Have you ever been a member of any other Fire Department (Circle One)? Yes No (List) _____

Drivers License#: _____ State: _____ Class: _____

Are you employed? Yes ___ No ___ If so where? _____

Have you ever been charged or convicted of a crime (Circle One)? Yes No Explain: _____

Are you able to provide a copy of the State required background checks listed below:

Pennsylvania State Police criminal background check clearance (criminal history) (Circle One) Yes No

Child Abuse History Clearance from the Department of Human Services (Circle One) Yes No

FBI criminal background check clearance, which includes fingerprinting. Only for applicants who have resided in the Commonwealth for less than 10 years (Circle One) Yes No

Please List 3 References including name, address, and a contact phone#:

Any false information or failure to complete the application in full, may result in the termination of the application process. The Franklin Fire Company reserves the right to deny any application for any reason. By signing the application you agree to follow the constitution, bylaws, and the rules and regulations of the Franklin Fire Company.

Applicants Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18 years of age) _____

For Company Use Only

Member Receiving Application: _____ Date Received: _____
Application Fee (Circle One)? Yes No