

Eureka Volunteer Fire and Ambulance Company, Inc
82 N. Main St – P.O. Box 457
Stewartstown, PA 17363

717-993-6180
www.eureka54.org

Application for Membership: (Please Print Clearly)

Application Date: ____/____/____ Position Applying For: Firefighter ____ Ambulance ____ Social ____

Applicant Name: _____

Current Physical Address: _____

Current Mailing Address (if different): _____

Home Telephone: _____ Cell Phone: _____

E-Mail Address: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____

Marital Status: ____ Married ____ Single ____ Divorced Sex: M ____ F ____

Current US Citizen: Yes ____ No ____ If no, what country? _____

Driver's License Number & Class: _____

State of Issue: _____ Current Points: _____ Date of Expiration: ____/____/____

Has your driver's license ever been suspended or revoked? Yes ____ No ____

If yes, when? _____ if yes, Reason? _____

Have you ever served in the Armed Forces? ____ If yes, what branch? _____

Type of discharge: _____ Date of Discharge: _____

Current Occupation: _____

Employers Name and Address: _____

Employers Phone #: _____ Date(s) of Employment: ____/____/____ to ____/____/____

In Case of Emergency Contact: Name _____

Phone #: _____ Relationship: _____

Were you ever arrested or in the custody of any law enforcement agency in connection with the charging of a crime or delinquent act? Yes ____ No ____ if so, please provide pertinent information: _____

Have you ever been convicted of a criminal act or have criminal charges pending? Yes ____ No ____

If so, please provide pertinent information: _____

References: Please provide (5) persons not related to you whom you have known for at least 3 years,

Only one of which currently belongs to EVFAC.

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Do you belong to any other organizations: Yes _____ No _____ (Do not include other fire/ems companies)

Are you currently a member of any other Fire, EMS or Rescue Department: Yes _____ No _____

Have you previously belonged to any other Fire, EMS or Rescue Company/Department: Yes _____ No _____

Reason for leaving: _____

Have you ever been rejected, suspended or expelled from this or any other Volunteer Fire, EMS or Rescue Company/Department: Yes _____ No _____ If yes, please explain _____

Did you hold any offices: Yes _____ No _____ If yes, where and what offices _____

Previous Training Completed: (Certificates will be needed) _____

Read the following statement carefully before signing

I hereby authorize the Eureka Volunteer Fire and Ambulance Company to investigate all statements contained in this application. To the best of my knowledge, all statements and answers which I have given are true, accurate and correct. I understand that misrepresentation or omission of facts may result in nullification of this application or subsequent membership based on its content. Based upon the severity of infractions discovered during routine background check and drug testing, the Investigation Committee may ask applicant to withdraw his/her application. If applicant does not wish to do so he/she must give Investigation Committee permission to present any infractions at the company level so that all voting members have the knowledge necessary to make a decision in the best interest of the company.

Signature _____

Date ____/____/____

If applicant is under 18 years of age, must have consent of parents or legal guardian

Signature of Parent or Legal Guardian _____

Date ____/____/____