

# AMERICAN FIRE CO. NO 1



26 E. PATTERSON ST  
PO BOX 6  
LANSFORD, PA 18232-0006  
(570)-645-7171

## APPLICATION FOR MEMBERSHIP

To Whom It May Concern:

The following questions are to be answered truthfully and fully under oath or affirmation. The completed application must be returned to the American Fire Company #1 of Lansford for consideration.

You are further advised **that any false statements given in response to any questions contained herein made with the intent to mislead this department is punishable under 18 Pa.C.S. § 4904 - relating to unsworn falsification to authorities.**

Please type or write clearly in ink

Check Membership applying for:      ACTIVE       APPRENTICE       SOCIAL

1. Full Name: \_\_\_\_\_

2. Present address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone Number of Residence: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Place of birth (city, state or country): \_\_\_\_\_

7. Age: \_\_\_\_\_

8. Sex:      Male       Female

9. Marital Status: \_\_\_\_\_

10. Occupation: \_\_\_\_\_

11. Place of School or employment: \_\_\_\_\_  
\_\_\_\_\_

12. What are your hours of employment? \_\_\_\_\_

13. Do you have any physical/psychiatric disabilities? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

### TRAINING/EXPERIENCE

14. Did you ever belong to a branch of the armed services: Yes  No   
If so, please explain: (Include years of service, branch & military occupation)

\_\_\_\_\_

15. Do you have any firefighting experience? Yes  No

If yes, what trainings have you completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Are you willing to attend training sessions as designated by the department? Yes  No

17. Were you a member of a fire company elsewhere? (If yes please list department(s) and years of membership) Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Are you willing to and able to make fire calls? Yes  No

19. Are you willing to work at fire company fundraising/social events? Yes  No

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### CRIMINAL HISTORY INFORMATION

Please note that the American Fire Company #1 of Lansford will conduct a background investigation, therefore, your disclosure of all arrest information is necessary for the proper processing of this application. You are further advised **that any false statements given in response to any questions contained herein made with the intent to mislead this office is punishable under 18 Pa.C.S. § 4904 - relating to unsworn falsification to authorities. Failure to disclose such arrest information will automatically disqualify you from consideration for this program.**

20. Have you been arrested for any criminal offense? Yes  No

If answered yes, please list the following: (if more space is needed, use separate paper)

Date of arrest: \_\_\_\_\_ Charge(s): \_\_\_\_\_

Location of arrest (City, County, State): \_\_\_\_\_

\_\_\_\_\_

Disposition of the charges: \_\_\_\_\_

**CRIMINAL HISTORY INFORMATION (continued)**

21. Do you have any pending charges in this jurisdiction or any other jurisdiction? Yes  No

If answered yes, please list the following:

Date of arrest: \_\_\_\_\_ Charge(s): \_\_\_\_\_

Location of arrest (City, County, State): \_\_\_\_\_

22. Are you presently under Court supervision in this jurisdiction or any other jurisdiction:

Yes  No

If answered yes, please list the following:

Location of supervision (City, County, State): \_\_\_\_\_

Charges: \_\_\_\_\_

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I am fully aware of the duties and inherent danger in being in the fire department and understand the application process and if accepted, understand the expectations of my probationary period. I also, hereby swear or affirm to the truth of each and every answer to the above questions, to the best of my knowledge, and that I fully understand that an intentional falsification as to any answer or part thereof is a crime under Pennsylvania law 18 Pa.C.S. § 4904 - relating to unsworn falsification to authorities.

\_\_\_\_\_  
Applicant's Signature                      Date                      Sponsor's Signature                      Date

**Apprentice applications (ONLY):**

\_\_\_\_\_  
Parent/Guardian Signature                      Date

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*FIRE COMPANY PURPOSE ONLY*

Membership Committee: \_\_\_\_\_                      Initials: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

App. Date \_\_\_\_\_ Meeting Date \_\_\_\_\_ Date accepted \_\_\_\_\_  
Date Sworn in: \_\_\_\_\_ Rejected \_\_\_\_\_, Reason, \_\_\_\_\_