

NOTTINGHAM FIRE DEPARTMENT



APPLICATION PACKET

Application Process

The application process consists of 6 steps:

- 1) Membership Application – Complete the application and sign the “Application Process” form stating that you are aware and understand the application process.
- 2) Membership Interview – After completing your application, a representative of the membership committee will contact you to set up an interview. At that time you will be interviewed by members of the committee.
- 3) Physical Exam – Obtain a physical from your physician stating that you are physically capable of performing firefighting duties.
- 4) Pennsylvania State Police Criminal Background Check – Fill out the request for a criminal background check and mail the form along with a \$10 money order to:

Pennsylvania State Police
Central Repository – 164
1800 Elmerton Ave
Harrisburg, 17110-9758

The background check may also be completed online at the PA State Police website:

www.psp.state.pa.us/patch/site/default.asp

- 5) Pennsylvania Child Abuse History Clearance – Wait until you receive the PSP Criminal Background Check before you send away for the Child Abuse History. Fill out the PA Child Abuse Form and send it in along with a copy of your PSP Background Check and a \$10 money order to:

Childline and Abuse Registry
Department of Public Welfare
P.O. Box 8170
Harrisburg, PA 17105-8170

- 6) Probationary Period – Upon the completion of the above steps, your request for membership will be brought to the attention of the members of the fire department during one of the monthly meetings. The membership committee will review your application with the members and at that point, the body will vote to either accept you to the department for a six (6) month probationary period or to deny acceptance. If you are voted in, at any time during the probationary period you may be asked not to return for any reason. This will terminate your probationary period and your eligibility for full membership. Upon satisfactory completion of the probationary period, you will become eligible to be voted in for full membership.

Print Name: _____ Sign: _____ Date: _____

NOTTINGHAM FIRE DEPARTMENT

Becoming Part of Our Team:

The Nottingham Fire Department is looking for new members who want to serve and give back to the community. If you're at least 16 years old, we invite you to share your talents and some of your time with us by becoming a volunteer firefighter.

No experience necessary, just bring a willingness to learn and we'll provide you all of the training and equipment you will need. Before long you'll be helping your neighbors when they need help the most.

If you don't want to battle a fire, but still would like to serve, we have administrative volunteer opportunities too.

Complete the membership application and return it to the firehouse and someone from the membership committee will contact you to set up an interview.

Message from the Chief of the Department:

Dear Prospective Firefighter:

As Chief of the Nottingham Volunteer Fire Department, I am committed to providing the most effective and proficient fire and rescue service to our community. I am also committed to continuing the tradition and reputation for excellence that previous Nottingham Firefighters have earned.

You will find that being a volunteer member of our Company will bring personal rewards and satisfaction, raise self-esteem, and provide you with a tremendous sense of accomplishment and pride for a job well done. It will also provide your community with a valuable service that has the potential to touch us all.

However, service as a member of our fire department requires a serious commitment. Your decision to join our Company should not be made hastily. Once you understand what's involved in being a volunteer, we hope that you are able to make the commitment we need. The service provided by our volunteers is truly valuable to the citizens, businesses, and visitors of our community. We hope that you are able to contribute to our community's public safety.

Thank you in advance for your consideration. Please do not hesitate to contact me should you have any questions or require further information.

Sincerely,

Ron Harris
Chief of Department

NOTTINGHAM FIRE DEPARTMENT

Firefighting is not for everyone – but Volunteering can be!

The fire and rescue service is one of the most diverse and challenging vocations today. It is this diversity that attracts ordinary citizens to join our ranks. Different people volunteer for different reasons. Action-oriented people enjoy the excitement and adrenaline rush that emergency services have to offer. Others see the volunteer fire service as an alternative to “boring work during the day” that allows them to “drive the fire truck at night”. Still others simply enjoy the reward of helping the citizens of the community and there are some who simply just want to belong to a winning team.

Whatever motivates you to volunteer - everyone gains the self-satisfaction of being at their best when others are dealing with what is often the worst that life has to offer. Imagine having to prepare yourself to cope with situations that range from structure fires to childbirth to hazardous chemical spills to heart attacks to flood damage and any imaginable emergency in between. This diversity is coupled with the fact that these skills may be needed at any time of the day or night, seven days a week, in any weather, and very often under stressful and emotional circumstances. Yet these same factors contribute to our profession being so personally rewarding.

We realize that firefighting is not for everyone, but we believe volunteering can be. There is plenty of work to be done on or behind the scene - including running the business of delivering emergency services. Our operational members are on the front line providing emergency services as firefighters. Meanwhile, our administrative members help with things like fundraising, filing, recruitment, fire prevention, and public education.

The personal rewards and satisfaction received from what we do is often beyond description. There is the sense of accomplishment when you control a building fire, joy and elation when a child is born, compassion for accident victims, and fulfillment from teaching fire safety to a group of children. The bottom line our business is measured by the loss of life, pain and suffering, and the property damage we have prevented and reduced. Volunteering in emergency services is one of the most important decisions you may make. We hope that you give this decision the time and serious consideration it deserves, and we hope that you decide to join our ranks as either an operational, administrative or auxiliary member. Whichever type of membership you decide upon, we have a volunteer opportunity for you!

NOTTINGHAM FIRE DEPARTMENT

Membership Application

Date Submitted:	Dated voted on:
Type of membership applied for: <input type="checkbox"/> ACTIVE Firefighter <input type="checkbox"/> INACTIVE Firefighter <input type="checkbox"/> FIRE POLICE <input type="checkbox"/> OTHER	

Last Name:	First Name:	Initial:
Address:		
City:	Municipality:	State: ZIP:
Telephone #:	Date of Birth:	Soc Sec #
Cell Phone #:	Email Address:	

Do you have a drivers license:	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #:	State:	Expires:
Drivers License Status	<input type="checkbox"/> Valid <input type="checkbox"/> Suspended in past <input type="checkbox"/> Currently Suspended			
Reason:				
Have you received any moving violations in past five (5) years: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Details: <i>(if applicable – date/charge/outcome)</i>				

Have you ever been charged with a crime: <i>(including summary violations)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details: <i>(if applicable – date/charge/outcome)</i>	

Do you have firefighting experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently a firefighter in Bensalem Township:	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any emergency service training (Fire-EMS) you have: <i>(please attach any applicable certificates)</i>			

Are you currently or have been a member of any fire company:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, please list company/s)</i>

NOTTINGHAM FIRE DEPARTMENT

Membership Application

List any employment that you have held over the past three years: <i>(most recent first – if student, list school)</i>			
Name of Company	Contact and Phone Number	Approx Dates	Reason for Leaving

List three (3) references not related to you or listed above:			
Name	Address	Phone Number	Years Known

Do you have any physical injuries or limitations that may affect the related activities: <input type="checkbox"/> Yes <input type="checkbox"/> No
Details: <i>(if applicable, please explain)</i>

List of contacts to be notified in case of an emergency: <i>(sickness/injury/etc. – include any number to reach them)</i>			
Name	Address	Phone Numbers	Years Known

I, the undersigned, give my full consent to the Nottingham Fire Department, the Bensalem Township Police or their designee, to conduct a Criminal Records Check, background investigation and any additional inquiries they feel are necessary within the legal boundaries of the law. Furthermore, I understand that the Nottingham Fire Department reserves the right to reject this application for any reason, and that any falsification contained with this application will cause it to be voided.			
NOTE: <i>Any application under the age of eighteen (18) must have a parent or legal guardian's permission and signature prior to returning this application. Once accepted into the department, the applicant must provide the Nottingham Fire Department with "working papers."</i>			
_____ Printed Name of Applicant	_____ Signature of Applicant	_____ Date	
_____ Printed Name of Parent/Guardian	_____ Signature of Parent/Guardian	_____ Date	
Name of Parent/Guardian	Address	Phone	Relationship

To Whom It May Concern:

I am a candidate for the position of firefighter with the _____ **Fire Company**
(_____ Bensalem, PA 19020).

In order to assure that I am qualified to be employed as a firefighter, the _____ **Fire Company, Bensalem Township Fire Marshal's Office and Bensalem Township Police Department** requires access to all of my employment and personal history information.

I hereby authorize the **Bensalem Township Police Department** bearing this release to obtain any information in your files pertaining to my employment records. This is to include any information concerning myself at the time of employment with your company.

The intent of this authorized release of information is to give my consent to full and complete disclosure. It is my specific intent to provide access to personnel information, however personal or confidential it may appear.

I consent to your release of any and all public and private information that you may have concerning me, my work record my background and reputation, military service records, financial status, criminal history, including any arrest records or police contacts. Any information contained in investigatory files or recollections of attorney's at law, or other counsel, whether representing me or another person in any case (criminal or civil), in which presently have or had interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and or sealed.

I hereby release you, your organization, its officers and employees and all others from liability or damages that may result from providing the information that has been requested by the _____ **Fire Company, Bensalem Township Fire Marshal's Office and Bensalem Township Police Department**. I hereby release you as the custodian of these records from any liability or damage pursuant to state and federal law. This release supersedes any and all agreements that I may have had with you, your organization and any and all employees that I may have had previously to the contrary.

For and in consideration of the _____ **Fire Company's** consideration of candidacy for the position of firefighter with the _____ **Fire Company**, I agree to hold the _____ **Fire Company**, it's agents, employees or related personnel, both as individuals and collectively harmless from any and all claims and liability for damages of whatever kind, associated with my application for the position of firefighter with the _____ **Fire Company**.

In understand that should information of a criminal nature be discovered as a result of this investigation, such information **will** be turned over to the proper authorities.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the _____ **Fire Company** in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

This waiver is valid for a period of thirty (30) days from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to hold harmless the person to whom this request is presented and his agents, and employees from any and all claims, damages, losses and expenses, including attorney's fees, arising out of or by reason of complying with this request.



BENSALEM TOWNSHIP
Department Of Public Safety
FIRE RESCUE DEPARTMENT
2400 Byberry Road - Bensalem, Pa 19020
Phone: 215-633-3617 - Fax: 215-633-3662

AUTHORIZATION FOR RELEASE OF INFORMATION

Candidate's Name: _____

Address: _____

Home Phone #: _____

Date of Birth: _____

Social Security #: _____

Drivers License #: _____ State: _____

Fire Company: _____

Candidate's Signature: _____

Date: _____

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. **DO NOT send cash or personal check.**
 Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170
APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

M F

COUNTY YOU LIVE IN

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- Child Care Services Employee
- Foster Care Adoption School Employee
- Employment with a significant likelihood of regular contact with children
- Volunteers - A copy of your **PROCESSED** "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their **PROCESSED** FBI clearance (Form FD-258).
- DPW Employment & Training Program Participant
(signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

**PREVIOUS NAMES USED SINCE 1975
(Include Maiden Name, Nicknames, Aliases)**

1. (LAST, FIRST, MIDDLE)
2. (LAST, FIRST, MIDDLE)
3. (LAST, FIRST, MIDDLE)
4. (LAST, FIRST, MIDDLE)
5. (LAST, FIRST, MIDDLE)

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

