

**Date of Application :** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

(PO Box Number, Street, City, State, Zip Code)

**Street Address:**

\_\_\_\_\_

(Number and Street, City, State, Zip Code)

**Home Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Drivers License number:** \_\_\_\_\_

**E-mail Address:**

\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Emergency Contacts: (Name)**

\_\_\_\_\_

**Emergency Contacts: (Phone)**

\_\_\_\_\_

**Emergency Contacts: (Relationship to you)**

\_\_\_\_\_

**List 2 different references, not related to you, and their phone numbers:**

1. **Reference #1** \_\_\_\_\_ **Phone #** \_\_\_\_\_

2. **Reference #2** \_\_\_\_\_ **Phone #** \_\_\_\_\_

1. Have you graduated high school? Yes \_\_\_\_\_ NO \_\_\_\_\_

2. What was the high schools name and what state was it located?

\_\_\_\_\_

3. List chronologically all of your residences for the last ten years. If you rented, please put the landlords name beside of the residence.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

4. Have you ever been a member of any other fire department? Yes \_\_\_\_\_

No \_\_\_\_\_

■ If yes, what was the departments name: \_\_\_\_\_ Phone #

\_\_\_\_\_

■ If yes, what was the chiefs name:

\_\_\_\_\_

■ If yes, Why did you get out of that department:

\_\_\_\_\_

\_\_\_\_\_

5. Do you have any firefighting skill or certifications?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If there is not enough space please clip a copy of your skills and certifications onto this packet.

6. Why do you want to join the Westfield Volunteer Fire Department?

- \_\_\_\_\_
- \_\_\_\_\_

7. Do you have any medical conditions that may limit you while being in the fire department?

If yes, Please explain, (this includes personal injury, disease, sickness, etc)

- \_\_\_\_\_

8. Would you submit to a drug test? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you ever used illegal drugs?

A. If yes, when was the last time

\_\_\_\_\_

B. If yes, what drugs were used

\_\_\_\_\_

10. Would you submit to a physical examination? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Have you ever been charged with any other crime besides a traffic offence? Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please explain in detail the situation. Also, list the county and state that the offence occurred in. If there is not enough space please clip a copy of your of your offences to the back of the packet.

\_\_\_\_\_  
\_\_\_\_\_

12. Are you currently on probation following any criminal conviction? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Will you consent to a criminal record check? Yes \_\_\_\_\_ No \_\_\_\_\_  
(By consenting yes, you may be required to pay for a federal record check. The department will cover the state record check)

14. Do you have a problem with attending fire training 1 time per month? Yes \_\_\_\_  
No \_\_\_\_\_

a. Each Fire fighter has to have a minimum of 36 hours of training per year

15. Do you have a problem with attending a business meeting every 2<sup>nd</sup> Sunday of the month?

a. This is a meeting where you go over the business of the fire department.

Yes \_\_\_\_\_ No \_\_\_\_\_

16. Do you have a problem with attending a fire duty session, (4 hours minimum) 1 time every 6 weeks, on Sundays?

a. Each firefighter is required to attend.

Yes \_\_\_\_\_ No \_\_\_\_\_

17. Would you be interested in becoming a First Responder? Yes \_\_\_\_ No \_\_\_\_

18. If yes, do you have any current Medical training? Please list all that you have. If there is not enough space please clip a copy of your of your offences to the back of the packet.

\_\_\_\_\_  
\_\_\_\_\_

19. Have you ever had a State or County Emergency Medical Technician (EMT), Paramedic, or Firefighter certification suspended, revoked, or terminated? Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, Please explain in detail the situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Have you ever been the subject of an investigation regarding one of your certifications?

Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain in detail why:

\_\_\_\_\_

I have read and answered all the questions on this application to the best of my knowledge. I also understand that if I am accepted for membership of this department and at any time any intentional falsification on this document is found, I may be terminated from any membership in the Westfield Volunteer Fire Department entirely.

Signature of Applicate \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

I have read the SOG's that are attached to this Application packet. I also understand that if I am accepted for membership of this department I will try my best to uphold what the SOG's say.

Signature of Applicate \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

I have read the By Laws that are attached or has been given to me through the membership Committee. I also understand that if I am accepted for membership of this department I will try my best to uphold what the By Laws say.

Signature of Applicate \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

I have signed the beneficiary information sheet. I also understand that if I am accepted for membership of this department it is up to me to change this information if I so wish in the future.

Signature of Applicate \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Below is for Fire Department use only**

Membership Committee members that were present when applicant was met with.

Signature by each member present

Date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

---

**Fire department use only:**

Criminal record checked by: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

References checked by: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Paper work filed in applicants file: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



183 Leader Heights Road  
 P.O. Box 2726  
 York, PA 17405  
 (800) 233-1957 or (717) 741-0911  
 www.vfis.com

## BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

**Indicate one of the following:**

New Insured       Beneficiary Change       Name Change: From: \_\_\_\_\_

**Complete all of the following information:**

<b>Policyholder Name and Policy Number(s)</b> <i>(Emergency Service Organization Name)</i>	
<input type="checkbox"/> _____ <b>Policyholder</b>	<b>Policy Number</b> _____
<input type="checkbox"/> _____ <b>Policyholder</b>	<b>Policy Number</b> _____
<input type="checkbox"/> _____ <b>Policyholder</b>	<b>Policy Number</b> _____
<input type="checkbox"/> _____ <b>Policyholder</b>	<b>Policy Number</b> _____
<input type="checkbox"/> <b>Other</b> _____	
<input type="checkbox"/> <b>Other</b> _____	

<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>MI:</b> _____
<b>Date of Birth:</b> _____	<b>Date of Membership:</b> _____	<b>Social Security Number:</b> /    /

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

<b>BENEFICIARY DESIGNATION – Primary Class</b>	<b>Relationship to Insured</b>	<b>Date of Birth</b>	<b>Percent</b> <small>(Must equal 100%)</small>
<input type="checkbox"/> <b>Mark if additional beneficiaries are listed on a separate paper and attached.</b> <b>(Name, address, phone number and/or email address of beneficiaries)</b>			
<b>BENEFICIARY DESIGNATION – Contingent Class</b>	<b>Relationship to Insured</b>	<b>Date of Birth</b>	<b>Percent</b> <small>(Must equal 100%)</small>
<b>(Name, address, phone number and/or email address of beneficiaries)</b>			

**MINOR OR ESTATE AS BENEFICIARY:** If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sample wording for Beneficiary Designations

<b>Class</b>	<b>Relationship to Insured</b>	<b>Percent</b>
One Beneficiary of a class Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	Father Mother	50% 50%
Unnamed Children: Children of the Named Insured		Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

**This form should be retained by the Policyholder with a copy to the insured.**

\* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

\*\* Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

# 2024

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		<b>3</b> \$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		<b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		<b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period		<b>4(c)</b> \$ _____

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



**Authority for Release of Information  
Criminal History & Driving Record Check**

I, \_\_\_\_\_ give the Surry County Fire Marshal's Office permission to check my criminal background and/or driving histories from any law enforcement and/or court record, department of motor vehicle record, or any other necessary source. I release the Surry County Fire Marshal's Office, their agents and representatives and any persons furnishing information to them or their representatives from any and all liability arising out of the furnishing of such information. I understand that my employment is contingent upon the results of the check. I further waive all right to inspect or review any information compiled as a result of my record check.

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_  
Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you currently a resident of NC? \_\_\_\_\_ Have you been a resident for the previous five years? \_\_\_\_\_  
List Counties and States you have lived in other than Surry (use back, if needed)

Present Address: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_  
Present Address: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_  
Present Address: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY PUBLIC CERTIFICATION:** State of \_\_\_\_\_ County of \_\_\_\_\_

I, as a Notary Public of said State and County, do hereby certify that \_\_\_\_\_  
Personally appeared before me and executed the foregoing instrument.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_

\*\*\*\*\* For Use of Agency Conducting Records Check \*\*\*\*\*

**RESULTS OF CRIMINAL AND DRIVING HISTORY CHECK**

**Please check all that apply:**

\_\_\_\_\_ Does not have a criminal history \_\_\_\_\_ Does not have a driving history  
\_\_\_\_\_ Does have a criminal history with the following convictions (use back if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Does have a driving history with the following convictions (use back if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Signature and Title of Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_

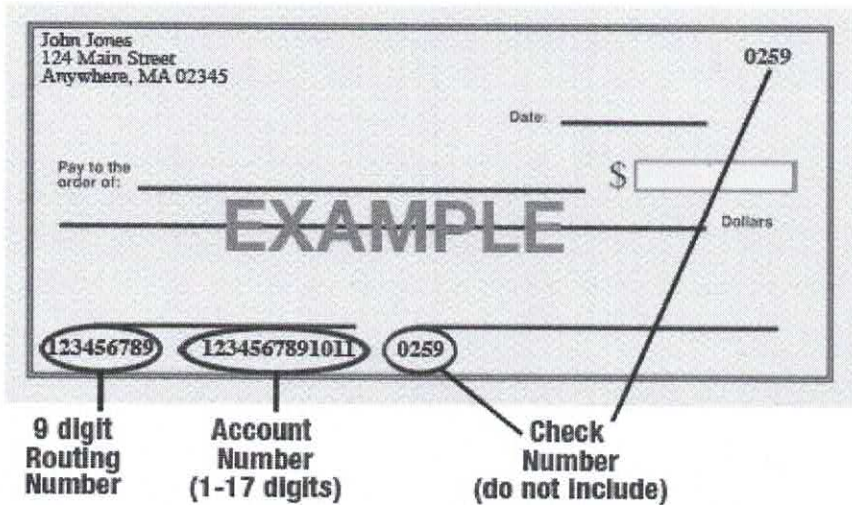
# DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount:  \$ \_\_\_\_\_  \_\_\_\_\_ % or  Entire Paycheck

Type of Account:  Checking  Savings (Check One)

*Attach a voided check for each bank account to which funds should be deposited (if necessary)*

Westfield Volunteer Fire Department, Inc. is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

