

MILFORD FIRE DEPARTMENT & AMBULANCE SERVICE, Inc.
P.O. Box 1369
Milford, PA 18337-2369
Phone 570 296-6121 – Fax 570 296-4131

APPLICATION FOR MEMBERSHIP

(amended on May 2nd, 2011)

Date: _____

Secretary of the Department

I, _____, make application for membership in the Milford Fire Department, and, upon selection to membership, will abide by the Constitution, By-Laws, Standard Operating Guidelines, and all other rules and regulations of the department obeying all lawful orders given in the line of duty by all duly elected officers of the department. If elected or appointed to office in the department I agree to serve to the best of my ability.

Name: _____ Telephone: _____
 First Middle Last

Address: _____
 Street/Box # City State Zip Code

DOB*: ____/____/____ Place of Birth: _____. Height: ____ins, Weight: ____lbs.
Junior applicants include copy of birth certificate.

Driver License No. & State(required): _____ SSN(required): _____

Type of Membership Requested: Fire: _____ EMS: _____ Aux: _____

Hours of Availability: _____

Have you had previous experience in any fire department/ambulance service? If yes, state where, when, and experience: _____

Have you ever been expelled or refused membership in any fire department/ambulance service, police department, or similar organization? Yes: _____, No: _____, If Yes, please explain:

Present employer: _____
Name, address, and telephone number

Hours employed: _____ Position held: _____

Previous employer: _____
Name and address

Dates of employment: _____

How long have you resided in the Milford area of response?: _____

Education? (list all schools attended and certificates or diplomas earned): _____

Military Service?: Yes ___ No ___ If yes, Branch: _____ From: _____ To: _____

Type of Discharge?: _____

Have you ever been convicted of a felony, misdemeanor, or juvenile crime other than traffic violations? Yes ___ " No ___ " If yes, explain: _____

Make a brief statement of why you desire membership in the Milford Fire Department: _____

To the best of my knowledge, the information submitted in this application is true and correct. I understand that if in the future, any of the above information is adjudged to be falsified it could lead to my dismissal from the Milford Fire Department. I agree to submit to a drug test at the expense of the Milford Fire Department. I further agree that at any time during my application process and during my membership in the Milford Fire Department I will submit to a drug or alcohol test at the discretion of the Chief of the Department.

I authorize the Milford Fire Department to secure a criminal record check, including sealed records if any, and I authorize the release of this information directly to the Milford Fire Department.

I authorize the Milford Fire Department to obtain any or all records related to previous and/or current membership in any Emergency Services organization and to contact and interview any past and/or present officers of such organizations.

Date investigated: _____ Recommendation (circle one): ACCEPT DENIED

Signatures of Investigating Committee:

Date recommended for probationary period: _____

Date accepted into membership: _____

Enclosures:

1. Code of Ethics. This form must be completed and attached to this application.

A Physical Examination Form must be completed by a physician upon the acceptance of this application by the Investigating Committee. Commencement of the applicant's probationary term will be subject to a favorable physical report.