



MILFORD TOWNSHIP FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

NAME: _____ Social Security # _____

Position Applied For: Active Fire Fighter- Full Time Active Fire Fighter- Part Time
 Non-Fire Fighter (full membership) Associate Member Fire Police

PERSONAL INFORMATION

Mailing Address _____

Street Address (if different from mailing address) _____

City _____ State _____ Zip _____ Years at this address _____

Previous Residence Address _____

City _____ State _____ Zip _____ Years at this address _____

Home Phone # (____) _____ Cell Phone # (____) _____

E-Mail Address: _____

Marital Status _____ Date of Birth _____ US Citizen? Yes No

Spouse's Name _____

Person to Notify in An Emergency _____ Relationship _____

Home Phone # (____) _____ Work # (____) _____ Cell # (____) _____

Address _____ State _____ Zip _____

Health Insurance Company _____ Policy # _____

Your Personal Auto - Year _____ Make _____ Model _____

VIN # _____

Driver's License # _____ State _____ Type of License _____ Expires (date): _____

Auto Insurance Company _____ Policy # _____

EMPLOYMENT INFORMATION

Present Employer: _____ Phone # (____) _____

Address _____

City _____ State _____ Zip _____ Years with Employer _____

Job Title _____ Type of Work _____

Previous Employer _____ Phone # (____) _____

Address _____

City _____ State _____ Zip _____ Years with Employer _____

Job Title _____ Type of Work _____



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PREVIOUS FIREFIGHTING EXPERIENCE

Do you have previous fire fighting experience? Yes No If Yes - Number of Years _____
Previous/Current Fire Company _____ Phone # (____) _____
Address _____ City _____ State ____ Zip _____
Person to Contact _____ Title _____ Phone # (____) _____
Highest Rank Held _____ Training Level Achieved _____
If no longer with Company, your reason for leaving _____

BACKGROUND INFORMATION

If applying for an active fire fighters' position, do you have any physical defects that would prevent you from being an active fire fighter? Yes No
If yes, please explain _____
Family Physician _____ Phone # (____) _____
Address _____ State ____ Zip _____
Have you ever been convicted of any crime? Yes No If Yes, explain _____
How many motor vehicle accidents have you had in the last 3 years? _____
How many moving violations have you had in the last 3 years? _____

REFERENCES

List Three (3) References (not a relative, employer, or member of this organization)
Name _____ Phone # (____) _____
Name _____ Phone # (____) _____
Name _____ Phone # (____) _____
Closest Relative Not Living with you
Name _____ Relationship _____ Phone # (____) _____
MTVFC Member Recommending Your Membership (if any) _____



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AGREEMENT OF BACKGROUND CHECKS

Initial Each Line Next To The Statement If You Agree To Allow The Milford Twp. Fire Dept. To;	
Contact Your Present and Previous Employers	_____ I agree
Contact Your References As Listed On This Form	_____ I agree
Contact The Relative Not Living With You	_____ I agree
Have The Pennsylvania State Police Do a Criminal Background Check	_____ I agree
Run a Motor Vehicle Report on Your Driver's License	_____ I agree
Require a Physical Exam by The Department's Physician As a condition of Membership	_____ I agree

CONDITIONS OF MEMBERSHIP

If accepted as a member to the Milford Township Fire Department, I understand that I am subject to the following conditions and rules:

1. At a regular meeting of the Department a secret ballot will be taken to accept or reject your application for membership. A simple majority will decide the outcome of that vote.
2. I agree to attend at least one regular meeting per quarter (subject to your work schedule).
3. I agree to complete Fire Fighter I (IFSTA) by the end of my first membership year.
4. I agree to participate in all training activities scheduled by the Department that I am able to attend but never less than 33% of the total.
5. I agree to respond to all fire calls that I am able to attend but never less than 25% of the total.
6. I understand that all new members are subject to probation for their first year. No later than the end of the first year a second vote will be taken for acceptance as a full member.
7. I agree to obey all by-laws, standard operating procedures (SOPs) and all other rules as established by the department. (copies of By-laws and SOPs will be provided)
8. I agree to obey all directives and orders given by officers of the department.
9. I understand that failure to meet any of the above conditions could result in suspension or ouster from the Department.
10. I agree to represent a good image for the department at all times.

STATEMENT OF ACCEPTANCE

I agree to abide by the regulations, By-laws and Standard Operating Procedures of the Milford Township Fire Department as stated in the Constitution and other documents. I understand the requirements of membership as stated above and agree to follow the rules as stated and others that may be approved in the future. I further understand that if I fail to live up to my responsibilities that I may be removed from membership by a majority vote of the membership.

I further agree to all the requirements for background checks and physical exams as stated in this application. Further, I understand that if I knowingly make any false statements herein (or other documents that may be required) I am subject to penalties as determined by the officers of the department, including removal from the membership rolls.

I further agree to abide by the vote of the majority of members of The Milford Township Fire Department as the final determination as to my membership in the Department.

Applicants Signature _____ Date _____



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INVESTIGATION COMMITTEE CHECKLIST

• Three References Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	• Police Background Check? <input type="checkbox"/> Yes <input type="checkbox"/> No *
• Employer Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	• Previous FD Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
• Nearest Relative Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	• MVR Done? <input type="checkbox"/> Yes <input type="checkbox"/> No *
• By-Laws Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	• SOPs Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No
• Requirements of Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No	• Responsibilities of Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No
• Probationary Membership Explained? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Done by Chief ONLY

REPORT OF INVESTIGATION COMMITTEE

Any detrimental findings? <input type="checkbox"/> Yes <input type="checkbox"/> No	If, Yes, list below;

RESULTS OF APPLICATION FOR MEMBERSHIP

Recommended for Approval By Investigation Committee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Membership: <input type="checkbox"/> Active FF <input type="checkbox"/> Non FF <input type="checkbox"/> Part Time FF <input type="checkbox"/> Junior FF <input type="checkbox"/> Associate	
Signatures of MTFD Committee Investigators	
1. _____	Date: _____
2. _____	Date: _____
3. _____	Date: _____
Date of Membership Vote _____ Approved <input type="checkbox"/> Yes <input type="checkbox"/> No President Initials _____	
Date of Probationary Vote _____ Approved <input type="checkbox"/> Yes <input type="checkbox"/> No President Initials _____	

CHECK LIST IF MEMBERSHIP IS APPROVED MEMBERSHIP NUMBER ASSIGNED _____

• Given Gear (active fire fighters only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____
• Given Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____
• Give Probationary Manual	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____
• Given Current Phone List & Calendar	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____
• Given Copy of By-Laws and S.O.P.s	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____
• Mentor Assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____
• File Folder Set-up	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date _____