

Crary Hose Company 429 East Main Street Westfield, PA 16950
Application for Membership

This section to be completed by applicant

Type of membership desired (active , non-active) circle one

Applicant Name: Last, _____ First, _____ MI _____

Age _____ DOB ____/____/____ SS# _____

Address: _____, (Borough , Township) _____

Phone _____ Mobile _____ Email _____

Are you a past or current member of another fire department ? (yes , no) circle one

If you answered yes please explain _____

I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa.C.S. 3301 or any similar offense under any Federal or State Law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to termination of membership and penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.

SIGNED: _____ DATE: _____

Please attach the required \$5.00 application fee upon submission of this section of the application.

This section to be completed by investigating committee

The applicant named above, having met with the investigating committee;

(yes , no) has current PSP criminal history and child abuse clearances (required)

(yes , no) has a valid driver's license and agrees to a driver's history report from PA- DMV

(yes , no) agrees to the conditions of membership as outlined by the Constitution and By-laws

(yes , no) will attend 5 out of the 6 regular monthly meetings during the probation period

(yes , no) will attend 50 % of weekly work sessions and fundraisers during the probation period

(yes , no) has no mental or physical limitations *

any answer of "NO" above should be explained in the comments

Comments _____

*Crary Hose Company does not discriminate against persons with disabilities but may restrict duties based on information provided

Signature Section (Application not valid without signatures)

Investigating Committee

Date ____/____/____

date of committee meeting

Application Approved by Company

Date ____/____/____

official date of membership joined

signature of Crary Hose Company President

committee member signatures

Criminal History and Background Form

PRINT FULL NAME (Last, First, Middle) include suffix e.g. JR, SR, I, II, III	Date of Birth	
Answer the following questions by checking "yes" or "no" in the boxes to the right	Yes	No
Are you under indictment or information in any court for a felony, or any other crime punishable by imprisonment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted in any court of any felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged of a crime that resulted in you completing an <i>Accelerated Rehabilitation Disposition</i> or <i>Probation Without Verdict</i> program ?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a fugitive of justice or have warrant(s) for your arrest?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any controlled substance? The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized for medicinal or recreational purposes.	<input type="checkbox"/>	<input type="checkbox"/>
Do you associate with persons involved in unlawful drug activity including the use, sale or manufacturing of illegal drugs or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>
Are you subject to a court order restraining you from harassing, stalking, or threatening another person?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 10 years, has your driver's license ever been suspended or revoked? If yes, attach your official driving history record. A Pennsylvania driving history record can be obtained on-line at dmv.pa.gov	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been adjudicated as a mental defective or have you ever been committed to a mental institution?	<input type="checkbox"/>	<input type="checkbox"/>
<p>I hereby certify that the information provided in this form is true and complete to the best of my knowledge, information and belief. I further acknowledge that I am on notice of the fact that this information will be relied upon by a public official to perform official functions. I further acknowledge that I am aware that false statements that are made herein are punishable under the Pennsylvania Crimes Code 18 Pa C.S. §4904. I authorize and hold harmless Cary Hose Company to contact the law enforcement, correctional officers, present and past employers, counseling programs, and any other persons that might have information pertaining to my conviction(s). I further authorize these entities to release information as allowed by law related to my convictions. I agree to sign any waivers or authorizations from these entities to release information related to my convictions if they require I do so. I understand that I may be denied membership based on information provided on this form.</p>		
Applicant's Signature:		Date