

**140 APPLICATION FOR MEMBERSHIP**

**Highland Volunteer Fire Department—Station 186**

Town of McCandless  
8705 Harold Place  
Pittsburgh, PA 15237

**Personal Information:**

\_\_\_\_\_  
Last Name                      \_\_\_\_\_  
First Name                      \_\_\_\_\_  
MI                                      \_\_\_\_\_  
Birthdate                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone #                      E-mail address

\_\_\_\_\_  
Current Street Address      Apt./P.O. Box      City      State      Zip Code      # Years

\_\_\_\_\_  
Contact #1 in Case of Emergency      Relationship      (\_\_\_\_\_) Phone #

\_\_\_\_\_  
Contact #2 in Case of Emergency      Relationship      (\_\_\_\_\_) Phone #

Do You Hold a Valid Driver's License?      \_\_\_\_\_  
Yes/No      State      Class      License #

Do You Have Military Experience?      \_\_\_\_\_  
Yes/No      Branch      Rank      # Years

Honorable Discharge? \_\_\_\_\_ If No, Why? \_\_\_\_\_

Are You a Citizen of the United States? \_\_\_\_\_

Have You Been Cited for Any Traffic Violations in the Past 3 Years? \_\_\_\_\_ If Yes, Please List: \_\_\_\_\_

Have You Ever Been Convicted of or Pleaded Guilty or No Contest to Any Criminal Charge? \_\_\_\_\_

If Yes, Please List: \_\_\_\_\_

**Employment and Education:**

\_\_\_\_\_  
Current Employer                      Job Title

\_\_\_\_\_  
Employer Address                      City                      State                      Zip Code                      # Years

\_\_\_\_\_  
Direct Supervisor                      (\_\_\_\_\_) Phone #

\_\_\_\_\_  
Highest Level of Education Completed                      Degree                      Name of Institution

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**Fire Service Experience and Education:**

Do You Have Any Fire Service Experience? \_\_\_\_\_ If Yes, Please List Below.

_____ Name of Company	_____ Chief	_____ Dates	_____ Highest Rank ( )	
_____ Address	_____ City	_____ State	_____ Zip Code	_____ Phone #
_____ Name of Company	_____ Chief	_____ Dates	_____ Highest Rank ( )	
_____ Address	_____ City	_____ State	_____ Zip Code	_____ Phone #

Have You Completed Any Fire Schools, Classes, or Seminars? \_\_\_\_\_ If Yes, Please List Below:

_____ Title/Description	_____ Date	_____ Location
_____ Title/Description	_____ Date	_____ Location
_____ Title/Description	_____ Date	_____ Location

**Items for Consideration:**

Membership Level Desired (i.e. Active, Association, Junior (if under age 18)): \_\_\_\_\_

Position Desired (i.e. Firefighter, Administration, Driver, Maintenance, etc.): \_\_\_\_\_

How Do You Feel You Can Benefit Highland? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal References (Not Related to You):**

1. _____ Name	_____ Relationship to you	_____ Years known	_____ Phone # ( )
2. _____ Name	_____ Relationship to you	_____ Years known	_____ Phone # ( )
3. _____	_____	_____	_____ ( )

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Name	Relationship to you	Years known	Phone #
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I understand that if my application for membership is accepted, I will be required to undergo an Act 33 / 34 Pennsylvania background check. I further understand that misrepresentation or omission of facts on this application may be cause for rejection of this application or subsequent dismissal from membership. If accepted, I agree to comply with and be bound by the bylaws and other rules and regulations of this fire company, and to the terms of the probationary period entailed therein.

_____ Signature of Applicant	_____ Date	_____ Signature of Parent/Guardian (if applying as junior member)	_____ Date
_____ Department Member Accepting Application	_____ Date		
_____ Line Officer	_____ Date		
_____ Association Officer	_____ Date		