



# MAPLEWOOD FIRE & RESCUE

1120 Lake Henry Road, PO Box 527  
Lake Ariel, PA 18436

## MEMBERSHIP APPLICATION

Active Firefighter                       Active Fire Police                       Support Personnel

*Check the one above that you are applying for*

### SECTION 1 - PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ S.S.# \_\_\_\_\_  
Drivers License: Type:  Regular,  CDL,  102Q,  None Number: \_\_\_\_\_

### SECTION 2 - EMERGENCY CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### SECTION 3 - EXPERIENCE

If you have previous firefighting or EMS experience please complete the information below, if not then proceed to the next section.

Name of Department: \_\_\_\_\_ Town: \_\_\_\_\_  
Chief / Captain: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Total Length of Service: \_\_\_\_\_ DATES - From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties / Positions Held: \_\_\_\_\_  
Level of Training:  None,  FF1,  FF2,  EMT,  MRT,  Instructor,  Other: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_  
Please describe your reason(s) for wanting to join our organization. \_\_\_\_\_

### SECTION 4 - EMPLOYMENT / REFERENCES

List employment over the past 5 years:  
Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Please describe your typical work schedule (days / hours): \_\_\_\_\_  
Past Employer 1: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Past Employer 2: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION CLEARLY**



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List any current members of Maplewood Fire & Rescue, if any, who can attest to your character.

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

List 2 other personal references other than family members or employers.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any other community involvement or organizations in which you are involved: \_\_\_\_\_

Have you ever been convicted of a felony? If yes please explain.  Yes,  No \_\_\_\_\_

Do you have any driving violations (tickets, etc.)? If yes please explain.  Yes,  No \_\_\_\_\_

### SECTION - 5 RELEASE

- ◆ Maplewood Fire & Rescue retains the right to refuse applicants based on our assessment of our current needs of the department and the character and experience of applicants. Those applicants who are accepted on a probationary membership are subject to a probationary period as outlined in the Bylaws and Standard Operating Guidelines of the Department.
- ◆ Failure to comply with the requirements during the probationary period may result in loss of membership.
- ◆ All information provided will remain confidential.
- ◆ By signing below, I agree that Maplewood Fire & Rescue may conduct reference and background checks based on the information that I have provided above.

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

**PLEASE PRINT ALL INFORMATION CLEARLY**