



# Cranberry Township Volunteer Fire Company

20727 Route 19, Suite 21  
Cranberry Township, PA 16066  
724-776-6130  
membership@ctvfc21.org

Position Applying for (select one):

Date \_\_\_\_\_

- Brigade (Firefighter)**   
  **Fire Police**   
  **Administrative**   
  **Ladies Auxiliary**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Are you legally authorized to work in the U.S.? (check one)    YES    NO

**Please list any current or previous fire department organization(s) to which you belong or have belonged (begin with the most recent – attach another sheet if necessary).**

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Department Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Department Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Please list any other professional or volunteer experience which may be helpful in your position with the Cranberry Township Volunteer Fire Company, including special training, certifications or other emergency management skills.**

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**Education Level (select one):**

- Some High School                       High School Diploma                       Some College/Currently Enrolled  
 Associate's Degree                       Bachelor's Degree                       Graduate Degree

School(s) attended: \_\_\_\_\_

Major(s)/Degree(s) Obtained: \_\_\_\_\_

**Please list any other education, or technical or professional training.**

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**How did you learn about the Cranberry Township Volunteer Fire Company?**

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**Emergency Contact**

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Please provide two non-relatives that can attest to your qualifications and interest in being a volunteer.**

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Arson and Related Offenses**

*A person convicted of arson or arson related offenses under Federal or State law shall be prohibited from serving as a firefighter in the Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the act of November 13<sup>th</sup>, 1995 (P.L. 604, No. 61) known as the State Fire Commissioner Act.*

Authorization for Release: Cranberry Township Volunteer Fire Company is hereby authorized to make investigations as to my character, education, employment record, criminal record, credit history (pursuant to the Fair Credit Reporting Act), or matters as may be deemed necessary in arriving at a membership decision. I hereby authorize former employers, law enforcement agencies, and other agencies and institutions, to release employment, financial, criminal, educational, and other types of background information to Cranberry Township Volunteer Fire Company, and release these parties from all liability for any damage whatsoever that may ensue from furnishing such information.

Cranberry Township Volunteer Fire Company does not discriminate in any membership practice against any applicant or member on the basis of race, color, religion, gender, national origin, age, disability or any other legally protected characteristic.

I certify that answers given here are true and complete to the best of my knowledge. In the event of membership, I understand that false or misleading information given by me in this application, or any interview(s), may result in discharge.

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

**Parent or Guardian Signature (if Applicant is under 18):** \_\_\_\_\_

Name of Parent of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

CTVFC Representative: \_\_\_\_\_ Date: \_\_\_\_\_



# CRANBERRY TOWNSHIP VOLUNTEER FIRE COMPANY

## Notification and Authorization to Conduct Volunteer Background Investigation

This is to notify you that we will begin conducting a background check for possible volunteer membership with the Cranberry Township Volunteer Fire Company.

By signing the release below, I hereby authorize the Cranberry Township Volunteer Fire Company to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history to the Cranberry Township Volunteer Fire Company.

I release from all liability all persons, companies, schools supplying such information. I indemnify the Cranberry Township Volunteer Fire Company against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation.

*I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.*

Please print Name (Last, First, Middle Initial):

\_\_\_\_\_

(Please print) Other names used: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant) Date: \_\_\_\_\_