



Cranberry Township Volunteer Fire Company

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

APPLICATION FOR MEMBERSHIP (Please PRINT)

Applicant Name: _____

Other Names Used: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# Home: _____ Work: _____ Cell: _____ Text? Y N

US Citizen: Yes No Sex: Male Female Cell Provider: _____

Email Address: _____

Social Security #: _____ Date of Birth: _____

Driver's License # _____ State: _____ Expiration Date: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position Applying for (select one):

Brigade (Firefighter) Fire Police Company Junior Member Ladies Auxiliary

Education Level (select one):

Some High School High School Diploma
 Some College Associates Degree Bachelor's Degree Master's Degree

Other Education: _____

Please list any Technical/Professional degrees: _____

Please list each Volunteer Organization to which you have previously belonged or have been a member (begin with most recent)

Organization: _____

Position: _____

Dates From: _____ To: _____

Agency/Department Supervisor: _____

Reason for Leaving: _____

Organization: _____

Position: _____

Dates From: _____ To: _____

Agency/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

Please list special training, skills, certificates, or other emergency management skills

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

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: _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Have you ever been convicted of a felony or misdemeanor? If yes, please explain.

Arson and related offenses

A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the act of November 13th, 1995 (P.L. 604, No. 61) known as the State Fire Commissioner Act.

Your application for membership is submission to a drug test and physical exam as well as a criminal background check

By signing this application for membership, I hereby agree that the information provided is complete and accurate. I understand that any false or misleading statements are cause for dismissal from the Cranberry Township Volunteer Fire Company. I further understand that by providing this information, I agree that the Cranberry Township Volunteer Fire Company may complete a background investigation including a criminal record and child abuse check.

Signature of Applicant: _____ Date: _____

Parent or Guardian Signature (if Applicant is under 18) *This Applicant must also obtain a work permit*

Date: _____

CTVFC Representative: _____ Date: _____



CRANBERRY TOWNSHIP VOLUNTEER FIRE COMPANY

Notification and Authorization to Conduct Employment Background Investigation

This is to notify you that we will begin conducting a background check for possible employment 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: _____