



# Warminster Fire Department

300 Madison Ave  
Warminster, PA 18974

## MEMBERSHIP APPLICATION

Application Date: \_\_\_/\_\_\_/\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ (if < 10 years, list previous address below)

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Best time to contact: Day \_\_\_ Eve \_\_\_

### Type of Membership you are applying for...

Active Firefighter: \_\_\_ Administrative Member: \_\_\_ Associate Member: \_\_\_ Junior Firefighter: \_\_\_

Referred by: \_\_\_\_\_ (Complete if you were referred by an existing WFD member)

Have you previously applied for membership in the WFD? **Y N** If yes, when? \_\_\_\_\_

Do you currently belong to another Fire Company? **Y N** If yes, which one(s)? \_\_\_\_\_

Are you a current or past member of any other volunteer Fire, EMS or community organization(s)? **Y N**

If yes, when? / where? \_\_\_\_\_

### Driver License Information...

Do you currently have a valid driver's license? **Y N** Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Has your license ever been suspended or revoked? **Y N** If yes, explain: \_\_\_\_\_

If applying as a Firefighter, please list any vehicles you intend to drive when responding to the firehouse:

**Car 1** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**Car 2** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**Background Information...**

Have you ever been arrested? **Y N** Are your fingerprints on record? **Y N**

If yes to either question above, explain in detail (attach additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you understand that a background check will be conducted by the WFD and Warminster Police Department as part of this application process? **Y N**

**Employment and Education...**

Are you currently employed either full time or part time? **Y N** (If yes, complete employer information)

Present employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long with this employer: \_\_\_\_\_ Current job title: \_\_\_\_\_ FT\_\_ PT\_\_

Are you a full time or part time student? **Y N** (If yes, complete school information)

Name of School you are currently attending: \_\_\_\_\_ FT\_\_ PT\_\_

School address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

School type: High school \_\_\_ College \_\_\_ Trade school \_\_\_ Other (explain): \_\_\_\_\_

Expected graduation date: \_\_\_/\_\_\_/\_\_\_\_\_ Type of Degree or Diploma: \_\_\_\_\_

**Related Training or Experience...**

Do you have any previous firefighter training or experience? **Y N** If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any other related training? (e.g., EMT, Military) **Y N** If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any other training, experience, degrees, or certifications you would like us to consider:  
\_\_\_\_\_

Highest level of education completed: High school \_\_\_ 2 yr college \_\_\_ 4 yr college (or above)\_\_\_

**Physical Condition...**

Do you consider yourself healthy enough to perform all the physical activities required of the volunteer position you are applying for? **Y N** If no, explain: \_\_\_\_\_

Do you have any physical conditions or restrictions that could limit your ability to perform any of the activities required of the volunteer position you are applying for? **Y N** If yes, explain: \_\_\_\_\_

Are you currently taking any prescription medications (e.g., blood pressure medicine, injected insulin) that could affect your ability to perform any of the physical activities required of the volunteer position you are applying for? **Y N** If yes, explain: \_\_\_\_\_

Do you have any serious allergies? (e.g., to specific drugs, bee stings) **Y N** If yes, explain: \_\_\_\_\_

Do you wear glasses or contact lenses? **Y N** Do you wear a hearing aid? **Y N**

If required, would you voluntarily submit to a complete physical examination at your own expense? **Y N**

Do you understand that WFD firefighters, drivers, and officers are periodically subject to routine and random drug testing? **Y N**

**Emergency Contact Information...**

Please list a personal contact to be used in the event of an emergency:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**References...**

Please provide 3 personal references (non-relatives that you have known for at least 1 year):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

*I attest that the information provided on this application is, to the best of my knowledge, true and accurate. I understand that any false information provided may be grounds for rejection of this application or termination of membership.*

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_