



Please enclose \$10 Application Fee and
\$5 Dues
570-698-5340

Lake Ariel Fire Co.
PO Box 31, Lake Ariel, PA 18436

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date of Birth: _____ Social Security No.: _____ Drivers License # _____

License Class

Membership type: () Active Probationary () Auxiliary (DUES-\$4) () Fire Police () Junior (age 16-17)

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have previous firefighting experience? YES NO If Yes, explain: _____

Have you ever been convicted of a felony? YES NO **Please attach copies of any certifications you may have.**

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

Emergency Contact Information:

Name _____ Address _____ Telephone () _____

Relationship _____

Other Emergency Information:

Blood Type _____ Allergies _____

Medical Problems _____ Medication _____

Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Titles: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I acknowledge that if accepted as a member, I will be subject to the rules and regulations set forth in the Lake Ariel Fire Co. By-Laws, Disciplinary Procedure Manual, and Standard Operating Procedure (SOP) Manual. I agree that if my membership is terminated for any reason, I will return all property and equipment issued to me by the Lake Ariel Fire Co. immediately. I understand that if I am applying for Active Firefighter status, I will be subject to a probationary period of no less than 3 months, during which time I will be responsible to attend training sessions and other company functions, as well as be evaluated by Company Officers. By signing and submitting this form, I hereby give my full consent to a criminal background check, which will be used to determine eligibility for membership before acceptance.

Signature: _____ Date: _____

Do not write below this line, for Company Use Only...

Member Sponsoring Applicant: _____

Accepted Into Company- Date: _____

