

EUREKA VOLUNTEER FIRE AND AMBULANCE COMPANY, INC
82 N. MAIN ST. – P.O. BOX 457
STEWARTSTOWN, PA 17363

717.993.6180
www.eureka54.org



Application for Membership: **(Please Print Clearly)**

Application Date: ____/____/____ Position Applying For: ____ Firefighters ____ Ambulance ____ Social

Applicant Name: _____

Current Physical Address: _____

Home Telephone: _____ Cell Phone # _____

Email Address: _____

Social Security #: ____/____/____ Date of Birth: ____/____/____ Age: _____

Marital Status: ____ Married ____ Single ____ Divorced Sex: ____ M ____ F

Current US Citizen: ____ Yes ____ No If No, What Country? _____

Driver License # and Class: _____

State of Issue: _____ Current Points: _____ Date of Expiration: ____/____/____

Has your driver's license ever been suspended or revoked? ____ Yes ____ No

If yes, When? _____ If yes, Reason? _____

Have you ever served in the Armed Forces? _____ If Yes, What Branch? _____

Type of discharge: _____ Date of Discharge: _____

Current Occupation: _____

Employers Name & Address: _____

Employers Phone #: _____ Date of Employment: ____/____/____ TO ____/____/____

In Case of Emergency Contact: Name _____

Phone #: _____ Relationship: _____

Were you ever arrested or in custody of any law enforcement agency in connection with the charging of a crime or Delinquent act? Yes ____ No ____ If so, please provide pertinent information: _____

Have you ever been convicted of a criminal act or have criminal charges pending? Yes ____ No ____

If so, please provide pertinent information: _____

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References: Please provide (5) persons Not related to you whom you have known for at least 3 years,

Only one of which currently belong to EVFC

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Do you belong to any other organizations: Yes ____ No ____ (**Do not include other fire/ems companies**) _____

Are you currently a member of others Fire, EMS or Rescue Department: Yes ____ No ____ If Yes:

Name of Fire, Ems Company you belonged to and phone # _____

Reason for leaving: _____

Have you ever been rejected, suspended or expelled from this or other volunteer Fire< EMS or Rescue Company/Department: Yes ____ No ____ If yes, please explain _____

Did you hold any offices: Yes ____ No ____ If yes, where and what offices _____

Previous Training Completed: (Certificates will be needed) _____

Read the following statement carefully before signing

I hereby authorize the Eureka Volunteer Fire & Ambulance company to investigate all statements contained in this application. To the best of my knowledge, all statements and answers which I have given are true, accurate and correct. I understand that misrepresentation or omission of facts may result in nullification of this application or subsequent membership based on its content. Based upon the severity of infractions discovered during routine background check and drug testing, the investigation/membership Committee may ask applicant to withdraw his/her application. If applicant does not wish to do so he/she must give permission to any infractions at the Company level so that all voting members have the knowledge necessary to make a decision in the best interest of the company.

Signature: _____ Date: ____/____/____

If applicant is under 18 years of age, Legal guardian must sign.

Signature of Parent or Legal Guardian: _____ Date: _____

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