



Fire Department of Montgomery Township  
Station 18

**Battalion 1:** Route 309 & Stump Road (215) 699-8699

**Battalion 2:** Route 202 & Montgomery Ave. (215) 855-3918

[www.fdmtd.org](http://www.fdmtd.org)

P.O. Box 18  
Montgomeryville, PA 18936

**Application for Membership**

(please circle one from each category below)

Junior (16 – 18 years old)

Senior (18 and above)

Firefighter

Fire Police

Administrative Support

**Please include the following items with this application**

PA State Police Background Check

<https://epatch.state.pa.us/Home.jsp>

PA Child Abuse History Clearance

<https://www.compass.state.pa.us/cwis/public/home>

Questions about membership either call, visit a firehouse, or e-mail  
[membershipcommittee@fdmt.org](mailto:membershipcommittee@fdmt.org)

Please print clearly and legibly.

Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION**

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

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

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

Phone # \_\_\_\_\_ how long at above address: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, spouses name: \_\_\_\_\_

Have you ever been convicted of, pleaded guilty or "no contest" to a crime? Yes or No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

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

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

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

### **EMPLOYMENT INFORMATION**

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

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

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

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Will your present employer allow you to respond to daytime calls? Yes \_\_\_\_ No \_\_\_\_

### **EDUCATION**

Name of last school attended: \_\_\_\_\_

Highest grade, level, or degree achieved: \_\_\_\_\_

### **MILITARY**

Were you ever in the military? Yes \_\_\_\_ No \_\_\_\_

Branch: \_\_\_\_\_ Grade: \_\_\_\_\_ Job: \_\_\_\_\_

If discharged, what was the nature? \_\_\_\_\_

### **MEDICAL**

Your family doctor: \_\_\_\_\_

Doctor's address & Phone #: \_\_\_\_\_

Have you had a Hepatitis B vaccination within 10 years? \_\_\_\_ Date: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Have you ever been refused employment for health reason? Yes \_\_\_\_ No \_\_\_\_

Have you ever been disqualified for duty in the armed forces? Yes \_\_\_\_ No \_\_\_\_

Are you able to successfully complete the following listed below with or without reasonable accommodations?

***Climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights***

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_ Please Initial \_\_\_\_\_

If reasonable accommodations are required, please provide full details:

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### **PRIOR EXPERIENCE**

Have you ever been or are you currently a member of another fire company, ambulance, or rescue squad: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please complete the following:

Company Name: \_\_\_\_\_

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

Position(s) Held: \_\_\_\_\_

Contact Name & Phone #: \_\_\_\_\_

**Please also attach copies of all certificates received for classes completed.**

How did you hear about us? (Please circle below)

Facebook

Instagram

Roadway Signs

An Event

Other

If you circled other, please explain: \_\_\_\_\_

The Fire Department of Montgomery Township has permission to discuss, for Fire Department purposes, the content of this application with anyone except as noted here:

If none, so state: \_\_\_\_\_

Eligibility for membership in the Fire Department of Montgomery Township is subject to and contingent upon a satisfactory motor vehicle and background investigation to be obtained from the Pennsylvania State Police.

I hereby release and hold harmless from liability the Fire Department of Montgomery Township any and all other persons, companies, corporations, schools, colleges, or Police Departments supplying information pertaining to this application.

Yes \_\_\_\_\_ No \_\_\_\_\_ Initial: \_\_\_\_\_

The information given on this application is true and correct to the best of my knowledge, and I hereby give the Fire Department of Montgomery Township permission to verify any or all of its contents as necessary.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **JUNIOR FIREFIGHTERS**

I/We the parent(s)/guardian(s) of \_\_\_\_\_ are giving permission for our son/daughter to apply for membership in the Fire Department of Montgomery Township. I/We, also, give permission for our son/daughter to perform in the duties and functions as required and as allowed by governing state laws. The junior firefighter applicant must also abide by the Fire Department of Montgomery Township's SOG (Standard Operating Guideline) for junior firefighters. The junior firefighter applicant must obtain work permit papers as issued from the department of education of the commonwealth of Pennsylvania, which is provided by the local school district, and I/We will attach the working papers to this application. Note the junior firefighter applicant will not be permitted to take part in any functions of the department until such working papers have been turned into the Membership Committee.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

School now attending: \_\_\_\_\_

Grade: \_\_\_\_\_ Guidance Counselor Name: \_\_\_\_\_

## AUTHORITY TO RELEASE INFORMATION

Applicant's Name: \_\_\_\_\_

First	Last	MI

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I certify that the facts contained in this Application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer, or other authorized representative of the Fire Department of Montgomery Township bearing this release, to obtain any and all information available from my past and present employers, credit references, criminal records, and medical records. I request that the custodian of records, in each case, permit my records to be examined, copied, or otherwise reviewed. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability from damages of whatever kind which may at anytime result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. I fully understand that if accepted, my membership is governed by the Charter, By Laws, and Standard Operating Procedures of the Fire Department of Montgomery Township. All Information obtained will be held in strictest confidence.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_  
(If applicant is under 18 years old)