



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

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>

[DVPLT Motor Vehicle Release Form](#)

Copy of Driver's License (Front and Back)

Questions about membership either call, visit a firehouse, or e-mail

membershipcommittee@fdmt.org

Please print clearly and legibly.

Date of Application: _____

PERSONAL INFORMATION

Name: _____

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:

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 #: _____

If applicable, please attach a note of consent from current/former fire company approving membership with the FDMT. Also, please provide 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: _____

