



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>

[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](mailto: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:

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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 #: \_\_\_\_\_

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: \_\_\_\_\_

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 any time 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)

**AUTHORIZATION/RELEASE FOR  
MOTOR VEHICLE RECORD CHECK**

I understand that as a condition of obtaining and/or maintaining employment or volunteer service with **Montgomery Township** I am required to allow **Montgomery Township** to complete a background investigation of me which includes a motor vehicle record (MVR) check. So that **Montgomery Township** can determine whether I have a history of motor vehicle violations, I hereby authorize **Montgomery Township** to have the Delaware Valley Trusts (DVT) obtain the required information on behalf of my prospective employer, **Montgomery Township**, from the corresponding state department of motor vehicles. In granting this authorization I acknowledge that DVT is acting solely as an agent for **Montgomery Township** and is only authorized to provide the results of the MVR checks to **Montgomery Township** and no one else. I understand and agree that this authorization will also apply to any future updated MVR information obtained by DVT on behalf of **Montgomery Township**.

I hereby direct the Delaware Valley Trusts to release any MVR information about me to **Montgomery Township**. I understand that this information may be released or disclosed within **Montgomery Township** and may later be disclosed by **Montgomery Township** as otherwise required by law. I also hereby release DVT and its officers, agents and employees from any and all claims, liability and actions for damages of whatever kind which I may have at any time arising from DVT's role as agent for **Montgomery Township** in obtaining and releasing to **Montgomery Township** my MVR information as authorized herein. DVT cannot act as a guarantor of information accuracy or completeness.

I hereby acknowledge receipt of a summary of my rights under the Fair Credit Reporting Act ("FCRA") entitled "A Summary of Your Rights Under the Fair Credit Reporting Act". I also acknowledge that a facsimile or photographic copy of this Authorization/Release shall be as valid as the original.

**EMPLOYEE NAME**

(Please Print Legibly) \_\_\_\_\_  
First Middle (full name) Last Maiden

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

**\*Parental Acknowledgement – Complete if applicant is a minor (under age 18):**

Name of Parent/Legal Guardian (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**MOTOR VEHICLE RECORD CHECK – Information Required:**

Drivers' License Number: \_\_\_\_\_ State: \_\_\_\_\_  
*If NJ – a photocopy of license is required*

**\*\* Applicant should return completed form to Hiring Manager/Human Resources who will forward form to DVT for processing.**

Revised 11/1/18

*Para information en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) ò escriba la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*



## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA.

**For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord,

or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p><b>1.</b></p> <p><b>a.</b> Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p><b>b.</b> Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p><b>a.</b> Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p><b>b.</b> Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p><b>2.</b> To the extent not included in item 1 above:</p> <p><b>a.</b> National banks, federal savings associations, and federal branches and federal agencies of foreign banks.</p> <p><b>b.</b> State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p><b>c.</b> Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations.</p> <p><b>d.</b> Federal Credit Unions.</p>	<p><b>a.</b> Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p><b>b.</b> Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p><b>c.</b> FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p><b>d.</b> National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p><b>3.</b> Air carriers.</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p><b>4.</b> Creditors Subject to the Surface Transportation Board.</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p><b>5.</b> Creditors Subject to the Packers and Stockyards Act,</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p><b>6.</b> Small Business Investment Companies.</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p><b>7.</b> Brokers and Dealers.</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p><b>8.</b> Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations.</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p><b>9.</b> Retailers, Finance Companies, and All Other Creditors Not Listed Above.</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>