

# CITY OF READING

## DEPARTMENT OF FIRE & RESCUE SERVICES

### *APPLICATION TO BECOME A CERTIFIED VOLUNTEER*

**GENERAL INSTRUCTIONS;** This application consists of several sections: a Questionnaire; Verification; and an Information Release. Every one of these sections must be completed in order for the Fire Department to accept the application as complete. Please PRINT an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. Do not misstate or omit facts since the statements made herein are subject to verification to determine your acceptance to become a certified volunteer firefighter.

**COMPANY MEMBERSHIP** **DATE APPROVED**

**QUESTIONNAIRE**

1) \_\_\_\_\_ (2) \_\_\_\_\_  
           **LAST NAME**                      **FIRST NAME**                      **MIDDLE NAME**                      **DATE**

3) \_\_\_\_\_  
    **Alias (es), Nickname (s), Maiden Name, Other Changes in Name.**

4) \_\_\_\_\_ 5) \_\_\_\_\_  
    **Telephone Number**    **Social Security Number**

6) \_\_\_\_\_  
    **Present Residence Address**    **Street/City/State/Zip Code**

7) \_\_\_\_\_  
    **U.S. Citizen; Native (Yes / No)**    **Naturalization No.**                      **Date**    **Place**    **Court**

8) \_\_\_\_\_  
    **Date of Birth**

Month & Year From    To	<b>PAST RESIDENCES</b>	With Whom Did You Live Where Are They Now?
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9) **FAMILY;** List in order given, showing relationship, parents, guardians, spouse and immediate family.

Relationship	Name	Address if Living
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10) **VEHICLE OPERATOR'S LICENSE;** Give the following information concerning any vehicle operator's license you have held or now hold.

Type of License	Number	Issuing Authority	Expiration
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Have you ever had a license suspended or revoked (YES / NO) If yes, state violation?

11) **CONVICTION OF CRIME:** Have you ever been convicted of a misdemeanor or felony violation? (YES /NO) If yes, state violation, court of jurisdiction, and date of conviction.

11) **PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:** Include fire departments and other emergency organization:

Name	Address	Type (Social Fraternal Professional etc.)	Office Held	Membership From	Dates To
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12) **EDUCATION:**

A. List all schools Attended

Name	Address	Dates Attended	Dates Completed	Graduated YES / NO
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B. Higher Education. List all colleges or universities attended.

Name	Address	Dates Attended From To	Credit Hours Semester/Quarter	Degree Recd. Year
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C. Other schools or training (trade, vocational, military). Give for each; The name and location of the school, dates attended, subjects studied, certificates earned, and any other pertinent data. Include complete mailing address.

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**13) QUALIFICATIONS, SKILLS and INTERESTS:**

*(MINIMUM REQUIREMENTS – The following must be attached to this application to be considered for approval Current CPR, 1<sup>st</sup> Responder, HazMat Operations,, and FF1 Certifications)* Additional special skills you posses, equipment and machines that you can operate should be listed below.

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**14) EMPLOYMENT;** Begin with your most recent job and list your work history for the past (5) five years, including part-time, temporary or seasonal employment, and all periods of unemployment.

<b>From Date</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title Why Did you Leave</b>
<b>To Date</b>		<b>Description of Duties</b>
<b>Phone Number</b>	<b>Name of Supervisor</b>	<b>Name of Co-Worker</b>

<b>From Date</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title Why Did you Leave</b>
<b>To Date</b>		<b>Description of Duties</b>
<b>Phone Number</b>	<b>Name of Supervisor</b>	<b>Name of Co-Worker</b>

<b>From Date</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title Why Did you Leave</b>
<b>To Date</b>		<b>Description of Duties</b>
<b>Phone Number</b>	<b>Name of Supervisor</b>	<b>Name of Co-Worker</b>

If additional employer blocks are needed, please attach requested information on separate sheet.

15) **MILITARY STATUS:**

	YES	NO
Have you served in the U.S. Armed Forces?	_____	_____
Honorable Discharge?	_____	_____
Are you presently a member of a U.S. Reserve Or State Guard organization? If Yes, complete the following.	_____	_____

Indicate reserve obligation, if any: \_\_\_\_\_

16) **CHARACTER REFERENCES:** List only character references that have definite knowledge of you qualifications for the position of application. List two (2) character references. (Do not list relatives, former employers, or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Years Known
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17) Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? If yes give details.

*Physical:*

*Medical;*

*Mental;*

18) Have you ever applied for a membership with any other emergency service organizations? If Yes give details.

19) **REMARKS**

**I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

# **INFORMATION RELEASE**

DATE \_\_\_\_\_

To Whom It May Concern:

I have made application to become a certified volunteer firefighter with the City of Reading Department of Fire and Rescue Services. This letter shall constitute formal authorization to you to disclose to the City of Reading Department of Fire and Rescue Services, or its duly authorized employees or agencies, any and all information which they request concerning my membership, background or any and all other information which they in their discretion deem appropriate.

Your assistance in providing them with this information is greatly appreciated.

Sincerely,

\_\_\_\_\_  
Signature of Applicant

# VERIFICATION

I understand that this Application has been completed subject to the penalties of 18 PA C.S. 4904 relating to un-sworn falsification to authorities.

**DATE;** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_