

CLAYMONT FIRE COMPANY
3223 PHILADELPHIA PIKE
CLAYMONT, DE 19703

APPLICATION FOR MEMBERSHIP.

1. Applicants must be at least 16 years old when voted in as a Probationary Member. Individuals under the age of 18 years old **MUST** have written consent of their parent(s) or guardian(s).
2. A member of the Investigating Committee will contact the applicant by phone to schedule an interview with the applicant. Members of the Investigating **WILL** meet with the parent(s)/guardians of individuals under 18 years old.
3. The willful withholding of or making false statements will constitute grounds for immediate rejection of the application or dismissal at a later date.
4. All applicants must agree to these terms and certify that all statements are true to the best of their knowledge. Your signature on this application indicates that you have read and understand such agreement.
5. Applicants must obtain a criminal background check from the DE State Police Troop 2. The cost of this background check is at the applicant's expense. It is to be noted that these monies are refundable by the fire company to the applicant upon completion of their probationary period.
6. Please print legibly.
7. If you have any questions contact any member of the Investigation Committee at the firehouse. The station phone number is 798-6309.

Date Received: _____

First Reading: _____

Background Check Rcvd: _____

2nd Reading: _____

Contacted by: _____

DELAWARE STATE FIRE PREVENTION COMMISSION

DELAWARE VOLUNTEER FIREMEN'S CRIMINAL HISTORY AFFIDAVIT

This affidavit **must** be completed by all applicants for membership in a Delaware volunteer fire department and attached to the application for membership. Applicants must complete one of the two statements below. An application is not considered complete and shall not be processed until the notarized affidavit is attached.

AFFIDAVIT

I have never been convicted of an offense that constitutes any of the crimes set forth in **16 Del. C. §6647** (*attached hereto*) or any similar offense under any federal, State, or local law. I hereby certify that the statements contained in this application are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement in this application, I am subject to penalties prescribed by law, including denial or revocation of membership in the volunteer fire department and a mandatory fine of at least \$1000 or a term of imprisonment of up to 2 years, or both.

Applicant's Signature

Date

I am unable to submit the above statement. My written explanation as to what is not true with regard to the above statement and why is set forth below:

[Attach additional pages if needed along with a certified copy of your criminal history record from the appropriate authorities]

Applicant's Signature

Date

_____ (County)

_____ (State)

Before me personally appeared, _____,
Applicant, of lawful age, to me known to be the identical person who signed this
document of application and being by me first duly sworn, on oath state that all
the foregoing statements are true and correct to the best of _____
knowledge and belief.

Signature of Notary Public

Printed or Typed Notary Public's Name

My Commission expires: _____

(Seal)

Personal History

NAME
 LAST _____ FIRST _____ MIDDLE _____

Social Security # _____ - _____ - _____ DOB ____ / ____ / ____ AGE ____

Place of Birth (City, State) _____ Are you a United States Citizen? _____

CURRENT ADDRESS
 STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

Do you know what fire company you're applying for? ____ Yes ____ No
 Which One? _____

Please list in chronological order ALL past home addresses, including schools, apartments, etc.

<u>DATE</u>		Street Address	Apt#	City	State
From	To				

Please check what aspects of the fire service interest you:
 Firefighting _____ Ambulance _____ Administrative _____ Other _____

Have you ever been a member of a fire company? Yes ____ No ____
 If so, where and when? _____

Have you had any fire or ambulance training? Yes ____ No ____
 If so, please describe _____

Please list any special skills you have that may be beneficial to the fire company:

How many hours per week do you feel you could give to the company? _____

Education

Name of High School _____ City, State _____
Dates Attended From _____ To _____ Diploma/Degree _____

Name of University _____ City, State _____
Dates Attended From _____ To _____ Diploma/Degree _____

Other _____ City, State _____
Dates Attended From _____ To _____ Diploma/Degree _____

Other _____ City, State _____
Dates Attended From _____ To _____ Diploma/Degree _____

Employment History

Employer _____ Job Title _____
Dates Employed From _____ To _____ Supervisor _____
Address _____ City _____ State _____ Zip _____
Duties Performed: _____

Employer _____ Job Title _____
Dates Employed From _____ To _____ Supervisor _____
Address _____ City _____ State _____ Zip _____
Duties Performed: _____

Employer _____ Job Title _____
Dates Employed From _____ To _____ Supervisor _____
Address _____ City _____ State _____ Zip _____
Duties Performed: _____

Employer _____ Job Title _____
Dates Employed From _____ To _____ Supervisor _____
Address _____ City _____ State _____ Zip _____
Duties Performed: _____

Medical History

Please list any medical conditions you have or had in the past: _____

Please list any chronic illnesses or injuries you have or if you have ever had surgery:

Please describe any past or present physical, mental, or emotional disability not mentioned above:

Motor Vehicle

Do you have a valid Driver's License? Yes ___ No ___

If so, STATE _____ LICENSE # _____

How many points are on your license? _____

Have you ever been convicted of a DUI? Yes ___ No ___

Have you been involved in any accidents in the past 5 years? Yes ___ No ___

If yes, please describe: _____

How many accidents have you been involved in since you began driving? _____

Have you ever taken an Emergency Vehicle Operator's class? Yes ___ No ___

Court Record

Have you ever been convicted of ANY criminal offense, including traffic tickets?

Yes ___ No ___ If Yes, please explain occurrences including dates: _____

You will be required to get a background check from the Delaware State Police prior to being voted in as a member.

References

Please list at least 3 references that have known you a minimum of 3 years.

Name _____ Years known ___ Occupation _____

Phone _____ Address _____

Name _____ Years known ___ Occupation _____

Phone _____ Address _____

Name _____ Years known ___ Occupation _____

Phone _____ Address _____

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CONSENT FORM

APPLICANTS UNDER 18 YEARS OF AGE MUST HAVE
PARENT(S)/GUARDIAN(S) SIGNED CONSENT

I _____ AS PARENT(S) OR GUARDIAN(S)

AUTHORIZE _____ TO BE A MEMBER OF THE
CLAYMONT FIRE COMPANY.

SIGNATURE _____

I _____ THE UNDERSIGNED, DO HEREBY
AUTHORIZE THE CLAYMONT FIRE COMPANY TO CONDUCT A
BACKGROUND INVESTIGATION ON ME AS A CONDITION FOR MEMBERSHIP
IN THE FIRE COMPANY. I AUTHORIZE POLICE AGENCIES, SCHOOLS,
DOCTORS, BUSINESSES OR ASSOCIATES TO RELEASE ANY PERTINENT
INFORMATION, WHICH WOULD ASSIST THE CLAYMONT FIRE COMPANY IN
EVALUATING MY CHARACTER AND QUALIFICATIONS.

IN SIGNING THIS AUTHORIZATION, I HEREBY RELEASE ANY AND ALL OF
THE FOREMENTIONED SOURCES FROM ANY RESPONSIBILITY, PRESENT OR
FUTURE, IN IMPARTING THIS INFORMATION.

SIGNED: _____ DATE: _____
PARENT/GUARDIAN IF UNDER 18 YEARS OLD.