



Tuscarora Wildland Fire Crew

PO Box 639

New Bloomfield, PA 17068

(717) 480-7688



DATE SUBMITTED _____

MEMBERSHIP DESIRED: _____ ACTIVE _____ ADMINISTRATIVE

NAME _____

FIRST

MI

LAST

D.O.B. _____ / _____ / _____ S.S. # _____ D.L. # _____
MONTH DAY YEAR

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

CURRENT FIRE COMPANY MEMBERSHIP

NAME _____

MAY WE CONTACT? Y N

FIRE CHIEF _____

PHONE NUMBER _____

THREE REFERENCES NOT RELATED TO YOU

NAME _____

PHONE NUMBER _____

NAME _____

PHONE NUMBER _____

NAME _____

PHONE NUMBER _____

I, the above named, do hereby consent by signing this Application to a criminal background check performed by the Pennsylvania State Police and acknowledge that the information I have provided is true and correct to the best of my knowledge. I do also give permission to the above-named Company to conduct a reference check with the persons that I have listed above.

Signature of Applicant _____

Application Fee of \$25.00 is non- refundable if Applicant is not voted into the Company.

FOR ADMINISTRATIVE USE ONLY

Application and Background Check Fee Paid: Y / N Date _____ Initials ____

Background Check Submitted on: _____/_____/_____
MONTH DAY YEAR

Background Check Received on: _____/_____/_____
MONTH DAY YEAR

Signature of Investigating Committee Member: _____

Applicant Voted into Company: Y / N Date _____/_____/_____
MONTH DAY YEAR

NOTES: