

**BOWERS FIRE COMPANY, INC.
3285 MAIN STREET, FREDERICA, DE 19946**

APPLICATION FOR MEMBERSHIP

Requirements and Information:

By completing the membership application for the Bowers Fire Company, Inc., you are showing interest in a highly motivated and intensive opportunity. This opportunity is also what you make of it. Please take this commitment seriously.

The Bowers Fire Co. receives applications for membership throughout the year. Upon receiving your application, it shall be turned over to the investigating committee for review. All parts of the application shall be completed. The Bowers Fire Co. reserves the right to do random background checks. The cost of the background check shall be at the cost of the Bowers Fire Company.

The Bowers Fire Co. shall require all applicants for membership to obtain a current drivers record from the Department of Motor Vehicles. This requirement shall be at the cost of the applicant and shall be turned in with a paid receipt when the application is turned in for membership. Once the applicant is voted in and has completed the probation period, he/she shall be reimbursed. Applicants are also required to take and pass a drug test at a facility designated by BFC.

A five dollar fee is required when turning in the application for membership. This shall cover the first year of dues. If for any reason the applicant is turned down for membership, the five dollar fee shall be returned and the applicant must wait six months to resubmit an application for membership. After an applicant has been voted in for membership, he/she shall set up a time to meet with the Fire Chief of the Bowers Fire Co. The Fire Chief shall inform the new member what is expected of him/her.

Print Name _____
Signature _____
Signature of Parent or Guardian _____
(if under 18)
Date _____

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APPLICATION FOR MEMBERSHIP

Qualified applicants are considered for membership in the Bowers Fire Co. All applicants are eligible without regard to race, religion, sex, national origin, marital or veteran status, or age unless age is a bona fide occupational qualification.

- Regular Membership
 Associate Membership
 Junior Membership

PLEASE PRINT LEGIBLY

Name _____
 First Middle Last

Address _____

D.O.B _____

Home Phone _____ Cell Phone _____

Current Employer _____

Address _____

Employer Phone _____ How long employed _____

Military Service _____ Rank _____ Dates _____

Branch _____

Are you currently a Student (Yes ___ No ___)

High School _____ Grade _____

College _____ Yrs. Completed _____

Are you or have you ever been a member of any other Fire Co. (Yes ___ No ___)

If yes, what Fire Company? _____

Address _____

How long? _____

If you were a member of another fire company and are no longer a member please explain:

Reason for submitting application _____

REFERENCES:

1. Name _____ Phone _____

Address _____

Relationship to Applicant _____

2. Name _____ Phone _____

Address _____

Relationship to Applicant _____

3. Name _____ Phone _____

Relationship to Applicant _____

Please read carefully before signing

I affirm that this application for membership contains no misrepresentations or falsifications and that the information is true and correct to the best of my knowledge. I am aware that should the investigation into my background at any time disclose any such misrepresentation or falsification, my application shall be rejected.

As a condition for membership application, I authorize any of my employers, associates, references or law enforcement agencies to give any information concerning my background or character to the Bowers Fire Company, Inc.

Signature _____

Parent or Guardian _____
(if under 18) please print

Signature of Parent or Guardian _____

Date _____

FOR COMPANY USE ONLY

Date submitted to committee _____

Investigating committee _____

Date of Interview _____

Date of Voting _____

Accepted _____ **Rejected** _____

Signature of President _____ **Date** _____

**BACKGROUND INVESTIGATION
AUTHORIZATION AND RELEASE OF LIABILITY**

In connection with my application for employment and/or as a condition of my continued employment with
(Name of company) _____

I understand that *National Background Investigations, Inc.* may investigate my background by obtaining consumer, criminal, driving, personal reference, job reference and credit along with other reports pertaining to me. This may include conversations with persons who have knowledge or information about such matters. This investigation will be conducted, and reports obtained, to provide *National Background Investigations, Inc.*, with information regarding my character, general reputation, personal characteristics, work record, skills and abilities, education and training, employment experience, past job performance, reasons for termination of previous employment, and any other information deemed appropriate.

I understand that *National Background Investigations, Inc.* may request information from federal, state and local governmental agencies, schools, current and previous employers, personal acquaintances, and other appropriate sources of information that maintain records or have knowledge of my education, employment, consumer, credit, criminal, driving and other relevant activities, experiences and records, including, but not limited to, my character, general reputation and personal characteristics.

I understand that I have the right to request in writing, within a reasonable period of time, a complete and accurate disclosure of the nature and scope of any investigative consumer report requested on me, and if denied employment wholly or partly because of information contained in a consumer report from a consumer reporting agency, I have the right to be so advised and supplied with the name and address of the consumer reporting agency making the report.

I authorize, without reservation, any person or entity contacted by *National Background Investigations, Inc.*, to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I also release *National Background Investigations, Inc.*, from any and all liability for conducting such an investigation.

I understand that if I am permitted to begin my employment before the results of a medical examination, reference check, consumer report or investigative consumer report are complete my continued employment is contingent upon those results, as well as my ability to perform the duties of my position with or without reasonable accommodation.

PLEASE NEATLY PRINT THE FOLLOWING INFORMATION

NAME _____ MAIDEN _____

FORMER NAMES and ALIASES _____

BIRTHDATE _____ AGE _____ SOCIAL SECURITY NO. _____

DRIVERS LICENSE NO. _____ STATE OF ISSUE _____

ADDRESS _____
Street City State Zip

PREVIOUS ADDRESSES (Within past 7 years, and IF you are over 18 years of age)

APPLICANTS SIGNATURE _____ DATE _____

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)