

Cranston Heights Fire Co. #1, Inc.

Cranston Heights - Delaware

Organized: 16 November 1919

Incorporated: 31 January 1920

3306 Kirkwood Highway - Wilmington, Delaware 19808

Phone: (302) 998-3140 / Fax: (302) 995-0954

MEMBERSHIP APPLICATION



- **Applicants must be at least 15 Years Of Age.**
- **Applicants Under the Age of 18 Must Have Parent's Signature.**
- **There is a \$2.50 Application Fee (Check or Money Order) (*Cash is not preferred*). The Application Fee will be returned should the application for membership be rejected.**
- **Applicants may either Hand Deliver or Mail the Application to the Fire Station. (Mailing Address is located on cover sheet.)**
- **Address Applications to Attention of Credentials Committee.**
- **Applicants Must Submit a PHOTO COPY OF THEIR DRIVER's LICENSE or a Recent Photograph they Do Not Wish to be Returned.**
- **Applicants must contact the State Bureau of Identification (SBI) at (302) 739-5900 to set up their appointment for a Criminal Background Check. The applicant must complete the CBC and submit it with their completed application.**
- **Applicants must contact the Cranston Heights Fire Company, if there are any changes in their address and/or phone number during the application process.**
- **A member of the Credentials Committee will contact the applicant, by phone, to schedule an interview with the committee, once the completed application is processed.**

APPLICATIONS FOR MEMBERSHIP WILL NOT BE CONSIDERED UNLESS ALL OF THE ABOVE INSTRUCTIONS ARE FOLLOWED

APPLICATION FOR MEMBERSHIP

Applications for membership must be typewritten or clearly printed in blue or black ink. All questions must be answered. If the questions do not apply, the applicant must indicate this by marking N/A in the appropriate area. If the applicant wishes to furnish addition information, they may use a blank sheet of loose leaf paper and number each answer to correspond with each question.

All Applicants must understand that all appointments to the Cranston Heights Fire Company begin with a Probationary Period, which lasts for twelve (12) months. During this Probationary Period the member must demonstrate their fitness for membership, as required by the By-Laws of the Cranston Heights Fire Company #1, Inc. They must also understand, any Probationary Membership is contingent upon the results of a complete character investigation and be aware, any Probationary Member found willfully withholding information and/or making any false statements on this application will be the basis for DISMISSAL from the Cranston Heights Fire Company #1, Inc. All Applicants must agree to these terms and conditions and certify that all statements are true to the best of their knowledge. The signature of the applicant on the last page of this application (#9. Signed Release Form) indicates such an agreement.

1. PERSONAL HISTORY

NAME

LAST _____ FIRST _____ M.I. _____

S.S.N.# _____ - _____ - _____ Date of Birth: ____/____/____ Age: ____

Place of Birth (City and State) _____

Are you a Citizen of the United States of America? Yes _____ No _____

Address _____ City _____ State _____ Zip _____

Home: (_____) _____ - _____ Work (Cell) (_____) _____ - _____

List Chronologically All Past Home Addresses (Include Any School Addresses)

FROM	TO	STREET ADDRESS	APT #	CITY	STATE

2. FIRE COMPANY INTERESTS

Indicate below which areas of the Fire Company you are interested in:

FIREFIGHTING _____ AMBULANCE _____ ADMINISTRATIVE _____

OTHER (Please Specify): _____

Have You Ever Been a Member of another Fire Company? Yes ____ No ____

If so, please list the name(s) of the Fire Company and Date of Membership:

Have You Ever had any Firefighting and/or EMS Training? Yes ____ No ____

If so, please describe (in detail): _____

List any Special Skills and/or Abilities which you feel would be beneficial to the Fire Company: _____

How many hours per week do you feel you can devote to the Company? _____

3. EDUCATIONAL HISTORY

High School: _____ Location: _____

Dates Attended From: _____ To: _____ Diploma/Degree: _____

College: _____ Location: _____

Dates Attended From: _____ To: _____ Diploma/Degree: _____

Other Schools: _____ Location: _____

Dates Attended From: _____ To: _____ Diploma/Degree: _____

Other Schools: _____ Location: _____

Dates Attended From: _____ To: _____ Diploma/Degree: _____

4. EMPLOYMENT HISTORY

(Please Begin with the Most Recent)

Employer _____ **Dates Employed From** _____ **To** _____

Address _____ **City** _____ **State** _____

Job Title _____ **Description** _____

Supervisor _____ **Telephone (_____)** _____ - _____

Employer _____ **Dates Employed From** _____ **To** _____

Address _____ **City** _____ **State** _____

Job Title _____ **Description** _____

Supervisor _____ **Telephone (_____)** _____ - _____

Employer _____ **Dates Employed From** _____ **To** _____

Address _____ **City** _____ **State** _____

Job Title _____ **Description** _____

Supervisor _____ **Telephone (_____)** _____ - _____

5. MEDICAL HISTORY

Do you now have, or have you ever had any of the following: Nervous, Mental and/or Emotional Disorders of any sort? Yes ____ **No** ____ **If Yes, Explain:**

Do you now have, or have you ever had any of the following: Tuberculosis, Epilepsy, Fainting Spells, Severe Headaches, Diabetes, Ulcers, Heart Disease and/or Asthma? Yes ____ **No** ____ **If Yes, Explain:** _____

Do you now have, or have you ever had any Serious, Chronic or Debilitating Illness and/or Serious Operation? Yes ____ **No** ____ **If Yes, Explain:**

Past and/or Present Physical Handicaps and/or Disabilities not listed above:

6. MOTOR VEHICLE INFORMATION

Are you a Licensed Motor Vehicle Operator? Yes ____ No ____

License # _____ State _____ Class and Endorsements _____

Have you had any Motor Vehicle Accidents, in the Past Three (3) Years?

Yes ____ No ____ If Yes, Explain: _____

List the Current Number of Points on your Driver's License: _____

How many Accidents have you had, since you have been driving? _____

Have you ever been Convicted of the following, Driving Under the Influence and/or Driving While Intoxicated? Yes ____ No ____ If Yes, Explain:

7. COURT RECORDS

Have you ever been convicted of Any Criminal Offense, including Traffic Tickets? Yes ____ No ____ If Yes, Explain: _____

8. REFERENCES

(List Three Non-Relatives who have know you for at least 3 Years)

Name _____ Years Known _____

Address _____ City _____ State _____

Occupation _____ Telephone (_____) _____ - _____

Name _____ Years Known _____

Address _____ City _____ State _____

Occupation _____ Telephone (_____) _____ - _____

Name _____ Years Known _____

Address _____ City _____ State _____

Occupation _____ Telephone (_____) _____ - _____

9. SIGNED RELEASE FORM

I, (PRINT NAME) _____ The undersigned, do hereby authorize the Cranston Heights Fire Company #1, Inc. to conduct an in depth Background Investigation on myself. I also do hereby authorize any Police Agency, School, Service, Business, Doctor, Individual and/or Association to release any and all Pertinent Information, which would assist the Cranston Heights Fire Company #1, Inc. in evaluating my character or qualifications.

In Signing this Authorization, I hereby release any and all Aforementioned Sources from Any Responsibility, Present or Future, in imparting this information.

Signature of Applicant _____ Date ____/____/____

Print and Signature of Parent(s) or Legal Guardians (If Under 18 Years Old)

Print _____ Relationship _____

Signature _____ Date ____/____/____

Print _____ Relationship _____

Signature _____ Date ____/____/____