



Fire Company Use Only  
Accepted: \_\_\_\_\_  
Type: \_\_\_\_\_  
Rejected; \_\_\_\_\_

**Eddington Fire Company**  
2700 Eddington Ave  
Bensalem, PA 19020

# **APPLICATION FOR MEMBERSHIP**

(INTERNET VERSION)

Thank you for your interest in becoming a member of the Eddington Fire Company. Upon successfully becoming a member, you will be joining a volunteer fire company that works together with neighboring fire and EMS departments, police and other governmental agencies to serve the residents and businesses of Bensalem Township, PA. We welcome all who are interested in volunteering their time and talents to this Fire Company.

If you have questions about this Application for Membership or the Fire Company operations in general, please feel free to contact us by email at:

[Membership@EddingtonFireCo.org](mailto:Membership@EddingtonFireCo.org)

On completion of this application, please return it by mail to the address above or hand-deliver it to the station. For you to be considered for membership, we must receive this application two weeks prior to the monthly meeting so our Investigation Committee has a chance to review it. For your application to be considered for acceptance, you must be in attendance at this meeting. Our regular company meetings are held at the station on the second Tuesday of each month at 8PM. If you cannot attend this meeting, you must submit a letter providing a valid reason why you can't attend.

Type of Membership Requested:

\_\_\_\_\_ Firefighter      \_\_\_\_\_ Associate      \_\_\_\_\_ Fire Police

\_\_\_\_\_ Junior Firefighter (16 - 17 years old, must have working papers and parent(s)/legal guardian approval)



Eddington Fire Company Membership Application

Please complete the following requested information:

Name: \_\_\_\_\_  
Last First M

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How Long At This Address? \_\_\_\_\_ Yrs \_\_\_\_\_ Months

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How Long At This Address? \_\_\_\_\_ Yrs \_\_\_\_\_ Months

Email Address: \_\_\_\_\_ Homepage: <http://www.> \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Where you ever in the military? Yes \_\_\_ No \_\_\_ If Yes, what branch? \_\_\_\_\_

Still enlisted? Yes \_\_\_ No \_\_\_ If No, discharge Type: \_\_\_\_\_

List all moving violations, license suspensions and accidents that occurred within the last 5 years, if none, state NONE: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, pled guilty or no contest to any felony, misdemeanor or any other crime? Yes: \_\_\_ No: \_\_\_ If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_

Highest Grade or Degree Achieved: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number; \_\_\_\_\_ Occupation; \_\_\_\_\_

Will your employer allow you to respond to calls during working hours? Yes \_\_\_ No \_\_\_



Eddington Fire Company Membership Application

In Case of Medical Emergency, Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Your Family Doctor: \_\_\_\_\_

Address/City/State \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

Current Hepatitis B Vaccination? Yes \_\_\_ No \_\_\_ If Yes, Date: \_\_\_\_\_

Have you ever been or are currently a member of another Fire Company or EMS organization?

Name of Organization: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Still a member? Yes \_\_\_ No \_\_\_

List below any fire related training courses you have attended. Attach copies of Certificates, if available. If you need additional room, please provide information as an attachment.

Name of Class	Training Facility & Location	Date Completed



*Eddington Fire Company Membership Application*

Character References, do not use relatives and, if a student, one must be a teacher:

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Authority to Release information:

Eligibility for membership in the Eddington Fire Company is subject to and contingent upon a satisfactory motor vehicle record and criminal background investigation. I certify that the facts and information that I have submitted with this application are true and correct to the best of my knowledge. I understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer or other authorized representative of Eddington Fire Company bearing this release, to obtain any and all information available from my past and present employers, character references, criminal records and medical records. I request that the custodian of such records, in each case, permit my records to be examined, copied, or otherwise reviewed. All information obtained will be held in strictest confidence. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability, from damages of whatever kind which may, at anytime, be sought by me, my heirs, family or associates because of compliance with this authorization and request to release information. I fully understand that if I am accepted as a member of the Eddington Fire Company, the Charter, By Laws, and Standard Operating Procedures of the Eddington Fire Company govern my membership.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If applicant is applying as a Junior Firefighter, the following consent must be provided:

Parent's/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**BENSALEM TOWNSHIP**  
*Department Of Public Safety*  
**FIRE RESCUE DEPARTMENT**  
2400 Byberry Road - Bensalem, Pa 19020  
Phone: 215-633-3617 - Fax: 215-633-3662

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AUTHORIZATION FOR RELEASE OF INFORMATION

Candidate's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Fire Company: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PARENT SIGNATURE REQUIRED:  
If candidate is under 18 years of age.\*\***

**\*\*PARENT SIGNATURE & WORKING PAPERS REQUIRED:  
If candidate is 14 or 15 years of age.\*\***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

To Whom It May Concern:

I am a candidate for the position of firefighter with the \_\_\_\_\_ **Fire Company**  
(\_\_\_\_\_ Bensalem, PA 19020).

In order to assure that I am qualified to be employed as a firefighter, the \_\_\_\_\_ **Fire Company, Bensalem Township Fire Rescue Department and Bensalem Township Police Department** requires access to all of my employment and personal history information.

I hereby authorize the **Bensalem Township Police Department** bearing this release to obtain any information in your files pertaining to my employment records. This is to include any information concerning myself at the time of employment with your company.

The intent of this authorized release of information is to give my consent to full and complete disclosure. It is my specific intent to provide access to personnel information, however personal or confidential it may appear.

I consent to your release of any and all public and private information that you may have concerning me, my work record my background and reputation, military service records, financial status, criminal history, including any arrest records or police contacts. Any information contained in investigatory files or recollections of attorney's at law, or other counsel, whether representing me or another person in any case (criminal or civil), in which presently have or had interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and or sealed.

I hereby release you, your organization, its officers and employees and all others from liability or damages that may result from providing the information that has been requested by the \_\_\_\_\_ **Fire Company, Bensalem Township Fire Rescue Department and Bensalem Township Police Department**. I hereby release you as the custodian of these records from any liability or damage pursuant to state and federal law. This release supersedes any and all agreements that I may have had with you, your organization and any and all employees that I may have had previously to the contrary.

For and in consideration of the \_\_\_\_\_ **Fire Company's** consideration of candidacy for the position of firefighter with the \_\_\_\_\_ **Fire Company**, I agree to hold the \_\_\_\_\_ **Fire Company**, it's agents, employees or related personnel, both as individuals and collectively harmless from any and all claims and liability for damages of whatever kind, associated with my application for the position of firefighter with the \_\_\_\_\_ **Fire Company**.

In understand that should information of a criminal nature be discovered as a result of this investigation, such information **will** be turned over to the proper authorities.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the \_\_\_\_\_ **Fire Company** in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

This waiver is valid for a period of thirty (30) days from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to hold harmless the person to whom this request is presented and his agents, and employees from any and all claims, damages, losses and expenses, including attorney's fees, arising out of or by reason of complying with this request.