



Newport Fire Company, No. 1

INCORPORATED 1926

STATION 44
5961 BENSALAM BLVD.
(215) 638-1619

P.O. BOX 778
BENSALAM, PA 19020

STATION 88
2900 PASQUALONE BLVD.
(215) 757-1619

With the submission of your application, the following criteria must be met prior to the acceptance of your application.

- Criminal Background Check
- Child Abuse Background Check
- \$20.00 Non-refundable application fee in the form of a certified money order made payable to **Newport Fire Company** or cash.

Due to the complexity of the verification process, we cannot give a time frame for completion of the application process. If you have any questions regarding your application, please call Newport Fire Company at 215-638-1619. Please leave your name and contact number so someone can get back to you as soon as possible.

Once all the documents have been returned, you will be notified by the membership committee for a meeting, to inform you of the company policies and procedures. Once the meeting is completed, the application will be brought in front of the membership during the monthly meeting for a vote, which is held the last Tuesday of each month starting at 7:30 pm. You can attend this meeting if you wish, but you do not have to be in attendance to be accepted.

By signing below I have read and understand the above procedures for the Newport Fire Company.

Signature

Date

Newport Fire Company Membership Form

Date: _____

Please Print Legibly

Type of Membership You Are Applying For - Active, Inactive, Fire Police:

Last Name:

First Name:

Middle Initial:

Address:

Blood Type/Allergies:

Home Phone #:

Cell Phone #:

Date of Birth:

Social Security Number:

Drivers License #:

State and Expiration Date:

Emergency Contact Name and Address, Phone Number and Relationship

Name and Address of Beneficiary Other Than Emergency Contact

List All Fire Training You Have Had

What Year

List All Fire Training You Have Had	What Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have You Ever Been Convicted Of A Crime:

Yes No

If Yes, What Were You Convicted Of?

When and Where Were You Convicted:

EMPLOYMENT HISTORY OF PAST 3 YEARS: (Present or Most Recent Employer First)

Name of Company	Contact Person and Phone Number	From - To	Reason For Leaving

Do You Have Any Physical Limitations?

Yes No

If Yes, Please List What They Are:

Name, Address and Phone Number Of Your Physician:

Have You Ever Applied For, Or Have You Been A Member Of This Or Any Other Fire Company Before?

Yes No

If Yes, Please List Companies and Dates:

Fire Companies	Dates	Rank Or Position Held

Please Give Names, Addresses and Phone Numbers Of 2 References Not Related To You:

I, the undersigned, give my full consent to this Fire company and Bensalem Police Dept., to conduct a Criminal Records Check, and any additional investigations they feel are necessary, within the Legal boundaries of the Law. I fully understand, you reserve the right to reject any or all applications, and I understand any Falsification of this application will Void this application. If I am under the age of 18, I will have working papers and a Parent or Guardian's permission and signature on this application.

Signature of Applicant: _____

Date: _____

Signature of Parent Or Guardian: _____

Date: _____

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- | | | |
|---|---|---|
| <input type="checkbox"/> CHILD CARE
<input type="checkbox"/> FOSTER CARE
<input type="checkbox"/> ADOPTION
<input type="checkbox"/> SCHOOL | <input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258). | <input type="checkbox"/> CWEP (Community Work Experience Program Participant) |
|---|---|---|
- SIGNATURE OF CAO REP _____
- CAO PHONE NO _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____
2. _____
3. _____
4. _____

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II RESULTS OF HISTORY CHECK

- | | |
|--|--|
| <input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE. | <input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW). |
|--|--|

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE