

**BELLE VALLEY FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP**

1514 Norcross Road
Erie, PA 16510
(814) 825-4359
bellevallyfd@gmail.com

Dear Applicant:

Thank you for your interest in joining the Belle Valley Fire Department. By picking up this application, you have shown an interest in the service of protecting and preventing destruction to the property and lives of this community.

Please read this information carefully in its entirety. It contains the following:

- 1. Application** – Application must meet all application and induction requirements. This application is for a volunteer organization and the information should be given on a voluntary basis.
 - Must be filled out completely and signed in the appropriate locations.
- 2. Authorization for Release of Information:** This release allows the Belle Valley Fire Department and Millcreek Township to obtain additional information on your application through law enforcement records.
- 3. Pre-employment Drug Testing policy and Informed Consent and Release form.** It is the policy of the Belle Valley Fire Department that all applicants considered for membership be tested for drugs as part of the approval process. Failure to sign this document will render the application incomplete and the applicant ineligible for membership. You will also be required to take a pre-employment physical as part of the approval process. Pre-employment drug testing and firefighter physicals are paid for by the Belle Valley Fire Department.

Please complete this application packet to the best of your knowledge and sign all forms. If there are any questions concerning this packet, please contact the Belle Valley Fire Department and leave your name, phone number and information needed. Your call will be returned as soon as possible.

Respectfully,

Belle Valley Fire Department



BELLE VALLEY FIRE DEPARTMENT **APPLICATION FOR MEMBERSHIP**

DATE OF APPLICATION

NAME: LAST	FIRST	MIDDLE
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ADDRESS / CITY / STATE / ZIP

HOME PHONE	MOBILE PHONE	MEMBERSHIP CLASSIFICATION <input type="checkbox"/> FIRE FIGHTER <input type="checkbox"/> FULL DUTY <input type="checkbox"/> DRIVER ONLY <input type="checkbox"/> EMS ONLY <input type="checkbox"/> SCENE SUPPORT <input type="checkbox"/> ASSOCIATE
E-MAIL ADDRESS		

REFERENCES

NAME: LAST	FIRST	PHONE
NAME: LAST	FIRST	PHONE
NAME: LAST	FIRST	PHONE

DRIVING INFORMATION

DO YOU HAVE A VALID PENNSYLVANIA DRIVERS LICENSE: YES / NO	WHAT IS YOUR OPERATORS LICENCE NUMBER (OLN) _____
HAS YOUR LICENSE EVER BEEN RESTRICTED OR REVOKED? YES / NO	IF YES – PLEASE EXPLAIN: _____ _____

PRIOR FIRE DEPARTMENT EXPERIENCE

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT? YES / NO				
NAME	CITY/STATE	PHONE	YEARS	CHIEF'S NAME

LIST ALL FIRE, RESCUE, HAZ MAT, EMS & RELATED COURSES YOU HAVE COMPLETED ON THE LAST PAGE OF THIS APPLICATION.
YOU SHOULD PROVIDE A PHOTO COPY OF ALL COMPLETED COURSES FOR ENTRY INTO YOUR FILE.

EMPLOYMENT

WHAT IS YOUR CURRENT OCCUPATION?

BUSINESS / COMPANY YOU WORK FOR:

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ SUPERVISOR NAME: _____

HOW LONG EMPLOYED? _____ MAY WE CONTACT THEM? YES / NO

EDUCATION INFORMATION

PLEASE INDICATE AS APPROPRIATE:

- HIGH SCHOOL DIPLOMA (RECEIVED)
- GED (RECEIVED)
- HIGH SCHOOL STUDENT (CURRENT)

YEAR GRADUATED
OR RECEIVED GED?

HIGH SCHOOL NAME & LOCATION

HIGHER EDUCATION—MARK AS APPROPRIATE:

- COLLEGE
- TRADE SCHOOL
- OTHER / POST-GRADUATE

COURSE OF STUDY:

HIGHER EDUCATION SCHOOL NAME & LOCATION

MILITARY INFORMATION

DO YOU HAVE MILITARY EXPERIENCE:
YES / NO

WHAT BRANCH?

YEARS OF SERVICE

CRIMINAL HISTORY

TO BE CONSIDERED FOR MEMBERSHIP, A CRIMINAL HISTORY CHECK WITH THE PENNSYLVANIA STATE POLICE MUST BE COMPLETED. DO YOU CONSENT TO THE BACKGROUND CHECK?

YES / NO

HAVE YOU EVER BEEN **CONVICTED** OF A MISDEMEANOR, A FELONY OR OTHER VIOLATION OF THE LAW?

YES / NO

IF YOU ANSWERED YES, PLEASE EXPLAIN:

I hereby certify that I voluntarily and freely provided the information stated in this application.

I further certify that all statements on this form are true and correct to the best of my knowledge and belief.

By signing this application, I give Belle Valley Fire Department, Inc. authorization to investigate these statements to their fullest.

I also understand the duties involved with, and physical dangers that can result from being a volunteer firefighter with the Belle Valley Fire Department, Inc., and assume the risk related thereto. I further understand that a physical exam is required before I can be considered for membership, and I hereby consent to complete this exam.

SIGNATURE _____ DATE: _____

OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION

DATE OF INTERVIEW:

INTERVIEWED BY:

DATE OF BUSINESS
MEETING VOTE:

REMARKS:

OUTCOME OF VOTE:

- ACCEPTED
- DECLINED
- TABLED

MINIMUM BVFD MEMBER ELIGIBILITY REQUIREMENTS

- YES NO I am a United States Citizen.
- YES NO I am a high school graduate, or possess a G.E.D.
- YES NO I live within 10 miles of the Belle Valley Fire Department.
- YES NO I possess a valid Pennsylvania Driver's License.
- YES NO My driving record is reasonably clean.
- YES NO I am at least 18 years of age.
- YES NO I possess good moral character and have maintained good working relations with other Fire Departments, Law Enforcement, and EMS, necessary to uphold and maintain the good name of the Belle Valley Fire Department which will be verified by a thorough background check.
- YES NO I have the ability to communicate effectively both orally and in writing for safety and operational purposes.

I understand the above to be the **minimum** eligibility requirements for department consideration. I attest that my answers are true and accurate to the best of my knowledge.

Applicant Signature

Date

BELLE VALLEY FIRE DEPARTMENT PREEMPLOYMENT DRUG TESTING PROGRAM

BELLE VALLEY FIRE DEPARTMENT PREEMPLOYMENT DRUG TESTING POLICY

It is the policy of the Belle Valley Fire Department that all applicants considered for membership be tested for drugs as part of the approval process.

PREEMPLOYMENT DRUG TESTING STANDARDS

All applicants considered for membership will be required to sign an "INFORMED CONSENT AND RELEASE OF LIABILITY" form as part of the membership process. Refusal to sign the form will render the application incomplete and the applicant ineligible for membership.

The Belle Valley Fire Department drug test will detect drugs and or metabolites in the following drug classes: amphetamines, barbiturates, benzodiazepine, benzoylecgonine (cocaine metabolite), cannabinoids (THC, marijuana), methadone, methaqualone (quaaludes), opiates (morphine, heroin, codeine), and phencyclidine (PCP, angel dust). The Belle Valley Fire Department is not testing for other substances which may be taken for specific illnesses or medical purposes. All drug tests are subject to careful testing procedures with confirmation of any preliminary positive results.

Applicants refusing to take the test or testing positive for illegal drugs will be denied membership and may reapply after a period of one year. Applicants will be given a reasonable opportunity to provide an explanation acceptable to the Department for a confirmed positive test result for substances other than illegal drugs. An applicant providing an unacceptable explanation will be denied membership and may reapply after a period of one year.

Applicants who are unable to provide a specimen within four hours of arriving at the collection facility will be considered to have refused to participate in the test and may reapply after a period of one year.

Test results will be provided to the applicant upon receipt from the testing laboratory.

For confirmed positive tests, applicants will be given the opportunity to retest the original sample at an independent laboratory of their choice and at their own expense.

Confidentiality of test results, strict chain of custody and need to know procedures have been implemented to ensure confidentiality throughout the testing process.

Testing laboratories to be used will meet or exceed applicable Federal and State guidelines and testing standards.

**AUTHORIZATION FOR RELEASE OF INFORMATION
INFORMED CONSENT AND RELEASE OF LIABILITY**

To: Belle Valley Fire Department
1514 Norcross Road
Erie, PA 16510

Date: _____

Please accept this authorization to give the Belle Valley Fire Department or their agent any and all information pertaining to any records in your files involving _____ (applicant), including police reports, accident reports, etc.

(Signature of Applicant)

Release of Information

I understand that if I am offered conditional membership in the Belle Valley Fire Department, my background information will be checked and considered as a result of my application for employment or promotion. This information may include but is not limited to the following:

- Employment Verification
- Reference Checks
- Motor Vehicle Driving Record
- Criminal History
- Credit History
- Sexual Offender Registry
- Social Media Sites
- Verification of educational credentials through original transcripts which you may be asked to provide

I understand that any false information on my application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation and educational institution to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records.

My signature on this document will serve as authorization to release any and all information to the Belle Valley Fire Department. A photocopy or facsimile of this document is as valid as the original.

Applicants Name (Please Print)

Applicants Signature

Date

Belle Valley Fire Department Personal Information for Background Checks/Investigations

The Belle Valley Fire Department conducts driving and national background checks and/or investigations on candidates requesting membership in the department. This includes the following areas: full, part, seasonal and contractual employment, volunteers and internships. A conviction does not automatically bar an individual from employment. Each case will be considered individually. In order to complete the process the information below is required.

Print Name (Last, First, Middle Initial)

Maiden or other names used

Date of Birth

Social Security Number

Place of Birth

Sex

Race

Height

Weight

Eyes

Hair

Driver's License #

Expiration Date

Position Applying for

Have you ever been convicted, served probation or pretrial diversion for a violation of the law other than a **minor** traffic violation?

_____ YES _____ NO

If yes, please give details and specific dates (Month and Year)

Signature

Date

I certify that the above information is true and complete to the best of my knowledge. I authorize a complete background investigation based on the information I have provided. I understand failure to disclose information that is discovered as a result of this background investigation will be considered falsification of information and will disqualify me for membership in the Belle Valley Fire Department.