

# Pottsville Fire Department

## Membership Application

Name		Date of Application		
Address		Date of Birth		
		Drivers License #		
Phone #	(hm)	State, Class, Expiration		
	(wk)		Copy of License must be kept on file	
	(cell)	Soc Security #		

### Employment History

Current Employer		Past Employer		
Address		Address		
Position		Position		
Dates	Start	Dates	Start	End
Supervisor		Supervisor		
May we contact?	Phone #	May we contact?	Phone #	

### Education History

High School/Tech School		Year	
College/University		Year	Degree
Other			

### Firefighting and EMS Experience


### Other Related Experience/Qualifications

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### Personal/Professional References (non family)

Name	Relationship to you	Phone Number
1)		
2)		
3)		

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a membership decision including a background check. In the event of membership, I understand that false or misleading information given in this application may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Pottsville Fire Department.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date