



LOWER SAUCON FIRE RESCUE

Serving Lower Saucon Township

www.LowerSauconFire.org

Leithsville Station
1995 Leithsville Road
Hellertown, PA 18055
610-838-0062

SE-WY-CO Station
3621 Old Philadelphia Pike
Bethlehem, PA 18015
610-694-0761

Southeastern Station
2687 Wassergass Road
Hellertown, PA 18055
610-838-7651

Application for Membership

Application for – (please check)

Active - ____ Junior - ____ (age 14 ~ 18)

Fire Police - ____ Other - ____

Instructions for Applicant: Complete all parts of this application form by providing as much information as possible, including full names, addresses, phone numbers and all necessary details. Completed application and criminal history check should be dropped off or mailed to Se-Wy-Co station at the address above. See instructions on the last page!

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION:

Name, Last - _____ First - _____ MI. - _____

Street - _____

City - _____ State - _____ Zip - _____

Phone - (____) _____ - _____ Pager/Cell Phone - (____) _____ - _____

Date of Birth - ____/____/____ Social Security # - _____ - _____ - _____

E-mail address - _____

Spouses, Last - _____ First - _____ MI. - _____

Are you a U.S. Citizen? - _____

Have you ever been convicted of a crime? - _____ If yes, please explain

DRIVERS LICENSE:

Number - _____ State - _____ Exp. Date - _____ Class - _____

Has it ever been suspended? - _____ If so, please explain

PARENTS OR GUARDIANS: (for applicants under 18 years of age)

Name, Last - _____ First - _____ MI. - _____

Address - _____

Street - _____

City - _____ State - _____ Zip - _____

Phone - (____) _____ - _____

EMPLOYMENT:

Present

Name - _____ Number of Years - _____
Address - _____
Street - _____
City - _____ State - _____ Zip - _____
Phone - (____) _____ - _____ Fax - (____) _____ - _____
Present Position - _____

Past

Name - _____ Number of Years - _____
Address - _____
Street - _____
City - _____ State - _____ Zip - _____
Phone - (____) _____ - _____ Fax - (____) _____ - _____
Present Position - _____

MILITARY:

Have you ever been in the Armed Forces? - _____
If so, what branch - _____ How many years? - _____
Date and Type of Discharge - _____
List Specialized Training - _____

EDUCATION:

High School - _____ Dates - _____
Vo-Tech or Trade School - _____ Dates - _____
College - _____ Dates - _____
Degree Earned - _____
Major Studies - _____

GENERAL INFORMATION:

Why do you want to join Lower Saucon Fire Rescue?

Are you currently a member of any other volunteer fire department? - _____
If so, what department? - _____
Contact Person - _____ Phone No. - _____
Have you ever been authorized to use red or blue lights? – R - _____ B - _____
If so, by whom? - _____

GENERAL INFORMATION – CONT:

List any Emergency Services Training or Certification(s) you have that would benefit our department -

Please use an additional sheet or supply copies of certificates!

List any person you know from Lower Saucon Fire Rescue –

Have you ever been arrested? - _____ For what? - _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name, Last - _____ First - _____ MI. - _____

Street - _____

City - _____ State - _____ Zip - _____

Phone - (____) _____ - _____ Pager/Cell Phone - (____) _____ - _____

THREE REFERENCES OTHER THAN FAMILY OR LOWER SAUCON MEMBERS:

1. _____ Phone - (____) _____ - _____

Address - _____

City - _____ State - _____

How long have you known this person? _____ Occupation - _____

2. _____ Phone - (____) _____ - _____

Address - _____

City - _____ State - _____

How long have you known this person? _____ Occupation - _____

3. _____ Phone - (____) _____ - _____

Address - _____

City - _____ State - _____

How long have you known this person? _____ Occupation - _____

Statement of Certification

I, the undersigned, hereby claim that, to the best of my knowledge, all information provided on this application is **true** and **correct**. Further, I understand that any information which has been given incorrectly is cause for rejection or dismissal from the company. Permission is hereby granted to Lower Saucon Fire Rescue to contact any and / or all persons listed on this application, and any government agency which may have knowledge of my background. I will release a copy of my criminal history to the fire department.

Signature - _____ Date - _____

Lower Saucon Fire Rescue does not discriminate on the basis of race, color, sex, religion, ancestry, national origin, age or non-job related handicap or disability in the programs or activities it conducts.

Instructions

1. Print this document (this page can be excluded)
2. Fill out this application in ink. **Please print clearly!**
3. Submit a background check. This will be completed at no cost to you.
 - a. Go to <https://epatch.state.pa.us/>
 - b. Select **New Record Check (Volunteers Only)**
 - c. Check the box to certify you are applying for an unpaid volunteer position
 - d. The first personal information page should be filled out as follows:
Volunteer Organization Name: Lower Saucon Fire Rescue
Volunteer Organization Tel. Number: 610-694-0761
The rest should be filled out with your information so that your background check will be mailed to you.
4. On the next page, fill out your personal information again. An **Identity Theft #** is not required.
5. Select **Enter This Request**
6. Select **View Queued Requests** and then **Submit** on the following page
7. Once you receive your background check, attach it to your application and mail it or drop it off at our station located at:
3621 Old Philadelphia Pike
Bethlehem, PA 18015
8. Someone will contact you to schedule an interview

If you have any other questions, please call our station at 610-694-0761, or send an e-mail to info@lowersauconfire.org.