

KEYSTONE REGIONAL FIRE/RESCUE DEPARTMENT

MEMBERSHIP APPLICATION

for

FIREFIGHTER or ACTIVE or CONTRIBUTORY Classifications

MEMBERSHIP APPLICANT:

1. Print all information legibly using a black or blue pen or type.
2. **You are required** to complete the attached application factually and to the best of your ability.
3. **You are required** to attend and participate in an Application Interview with representatives of the Keystone Regional Fire/Rescue Department (KRFRD) prior to your application being submitted to the KRFRD membership for acceptance/rejection vote.
 - a. You will be required to provide copies of a Child Abuse History Clearance document and a Pennsylvania State Police Criminal Record Check document to KRFRD representatives at this interview.
 - b. Due to time delays, it is strongly suggested that you begin the processes to obtain these documents immediately. Obtaining these documents is the sole responsibility of the applicant. Delays in obtaining these documents will delay your KRFRD Membership Application processing.
 - c. The interview will be established at a mutually agreed upon time and date to the greatest degree possible. It is the applicant's responsibility to make every effort to attend the established. interview date and time.
4. **You are required** by Pennsylvania Law to obtain a Pennsylvania's Child Protective Services Law Chapter 63 document (Child Abuse History Clearance) as the Keystone Regional Fire/Rescue Department has junior members and community volunteer members (minors under the age of 18).
 - a. You must have the Child Abuse History Clearance document prior to you Application Interview.
 - b. You can obtain a free Child Abuse History Clearance online at:
<https://www.compass.state.pa.us/cwis/public/home>
 - c. Follow the online instructions. You are submitting the request as a volunteer (not employment).
 - d. Upon receipt of the Child Abuse History Clearance document, make a copy. You will provide a copy to the KRFRD at the Application Interview and you retain the original.
 - e. If you have a current and valid Child Abuse History Clearance for employment, you can provide a copy of the Child Abuse History Clearance document and you retain the original.
 - f. If you have a Child Abuse History Clearance for employment that is less than 60 calendar months old, we can accept a copy, if all information is current.
 - g. *Applicant will be solely responsible for any and all cost if incurred.
5. **You are required** to obtain a Pennsylvania State Police Criminal Record Check.
 - a. You must have the Pennsylvania State Police Criminal Record Check document prior to you Application Interview.
 - b. Applicants can access the Pennsylvania Access To Criminal History website and apply for their criminal record check online with the Pennsylvania State Police at:
<https://epatch.state.pa.us/Home.jsp>
 - c. Follow the online instructions.
 - d. Upon receipt of the Pennsylvania State Police Criminal Record Check document, make a copy. You will provide a copy to the KRFRD at the Application Interview and you retain the original.
 - e. If you have a current and valid Pennsylvania State Police Criminal Record Check for employment purposes, you can provide a copy of the Pennsylvania State Police Criminal Record Check document and you retain the original.
 - f. *If you have a Pennsylvania State Police Criminal Record Check for employment that is less than 60 calendar months old, we can accept a copy if all information is current.


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- g. *Applicant is solely responsible for any and all cost if incurred.
- 6. **You are required to obtain**, if you have not been a resident of Pennsylvania for the past 10 consecutive years, a Federal Bureau of Investigation (FBI) Criminal Background document.
 - a. Applicants can access the Federal Bureau of Investigation (FBI) Criminal Background application process at: **www.pa.cogentid.com//index_dpw.htm**.
 - b. Upon receipt of the Federal Bureau of Investigation (FBI) Criminal Background document, make a copy. You will provide a copy to the KRFRD at the Application Interview and you retain the original
- 7. *If you have a Federal Bureau of Investigation (FBI) Criminal Background check for employment that is less than 60 calendar months old, we can accept a copy, if all information is current.
- 8. *Applicant will be solely responsible for any and all cost if incurred.
- 9. Upon completion of the Application Interview and acceptance of a valid Child Abuse Clearance Check, a Pennsylvania State Police Criminal Record Check, a Federal Bureau of Investigation (FBI) Criminal Background check (if applicable), your application, interview responses, personal references interviews, employer interview and all other references and information will be evaluated by the Membership Investigation Committee.
 - a. The Committee recommends either your acceptance or rejection of membership to the KRFRD voting members based upon all relevant information.
 - b. Members vote on your application.
 - c. You will receive a letter via US Mail as to your membership acceptance or denial.
 - d. Pay \$1.00 KRFRD membership fee and \$2.00 first year KRFRD dues.

FIREFIGHTER OR ACTIVE MEMBER

- 10. **You may be required**, if accepted as a KRFRD member:
 - a. You may be required to complete a physical examination and a drug and alcohol test within 30 days of the date membership acceptance.
 - i. The Keystone Regional Fire/Rescue Department will fully pay for:
 - 1. A physical examination by a licensed physician at a site designated by the KRFRD.
 - 2. A drug/alcohol test by a licensed physician/agent at a site designated by the KRFRD.
 - b. The physical examination and drug/alcohol results are directly submitted and retained by the KRFRD:
 - i. The physical examination must validate the applicant's ability to physically perform firefighting activities without negative impact upon the applicant's health.
 - ii. The drug/alcohol test must validate zero levels for drugs/and alcohol.
 - c. The KRFRD reserves the right to solicit clarification of results with physician and/or drug and alcohol testing physician or agent.

Upon completion of the application, you may deliver in person to the KRFRD or send via US Postal Service to:

**KEYSTONE REGIONAL FIRE RESCUE DEPARTMENT
MAIN OFFICE ATTENTION: SECRETARY
P.O. BOX 12
CRESSON, PA 16630**

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Print on ink or type information

Date: _____

Name: _____
Last First Middle initial

Home Address: _____

Town: _____ State: _____ Zip Code: _____

Birth Date: _____ Age: _____
mm /dd /yyyy

Phone Number: (_____) _____ Cellular Number: (_____) _____

E-Mail Address: _____

Driver's License: No Yes State _____ Operator # _____

If you are a college student: Collage Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____ Phone Number: (_____) _____

CLASSIFICATION OF MEMBERSHIP applying for (Check one):

FIREFIGHTER* **ACTIVE MEMBER*** **CONTRIBUTORY MEMBER**** (non-firefighting)

* A completed criminal background check and child abuse clearance required. A completed physical examination, drug and/or alcohol test may be required

**A completed criminal background check and child abuse clearance only required for membership

**Any accepted Contributory, his/her membership upgrade of classification to Firefighter or Active may be required to complete a physical examination and a drug and/or alcohol test

EMPLOYMENT

Currently employed? Yes No If Yes, may the KRFRD contact your employer? Yes No

Employer: _____

Address: _____

Direct Supervisor: _____ Phone Number: (_____) _____

PERSONAL REFERENCES: List non-family members only

Name: _____ Relationship: _____ Phone Number: (_____) _____

Name: _____ Relationship: _____ Phone Number: (_____) _____

FIREFIGHTING EXPERIENCE

Do you have any previous firefighting training/experience? Yes No

If Yes, describe experience and provide a copy of all certificates/degrees:

PHYSICAL FITNESS:

Can you lift or move heavy objects (greater than 25 pounds) without limitation, assistance or pain? Yes No

PHYSICAL EXAMINATION

*Physical Examination and Drug/alcohol test paid for at a site designated by the Keystone Regional Fire/Rescue Department

A physical examination performed by a licensed physician may be required for new members in the Firefighter or Active membership classification.

Do you agree to a physical examination at our expense and accept the results? Yes No

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List current medical issues:

DRUG/ALCOHOL TEST

A drug/alcohol test, performed by a licensed physician/agent, may be required for all new members in the Firefighter or Active membership classification.

Do you agree to a drug/alcohol test at our expense and accept the results? Yes No

CRIMINAL BACKGROUND

I have never been convicted of a crime, excluding minor parking offenses.

I have never been arrested.

I have been arrested, or I have been convicted of a crime. This includes receiving citations for summary offenses (exclude minor parking offenses and summary offenses).

If you have an arrest or conviction record, list the nature of the charges made and disposition of the case(s):

I acknowledge that as the applicant, I must obtain a: Report of criminal history from the Pennsylvania State Police (PSP) **and** a Child Abuse History Clearance from the Department of Human Services (Child Abuse).

I have been a resident of Pennsylvania for the past 10 consecutive years? Yes No

*If No, a Federal Bureau of Investigation (FBI) Criminal Background document is required.

I hereby authorize the Keystone Regional Fire/Rescue Department and/or its' representatives to access any records or persons that may be deemed necessary to validate the accuracy of this application.

I the applicant, understand there is a "zero tolerance" policy regarding drug and/or alcohol use.

I affirm that the information I have supplied in this application is correct to the best of my knowledge. I am aware that furnishing incorrect or misleading information automatically renders me ineligible for membership with the Keystone Regional Fire/Rescue Department. I give my permission for this application to be kept on file and to be used as a permanent record upon being accepted/rejected for membership in the Keystone Regional Fire/Rescue Department.

Printed Name of Applicant

Date

Signature of Applicant

Date

(Keystone Regional Fire/Rescue Department use only)

Date application received _____

Date of Applicant interview: _____

Investigation Committee Signature/Date/Recommendation

Primary Station: _____

- | | | | | |
|----------|-------------|-------------|------------------------------|-----------------------------|
| 1. _____ | Date: _____ | Recommended | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. _____ | Date: _____ | Recommended | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. _____ | Date: _____ | Recommended | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. _____ | Date: _____ | Recommended | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. _____ | Date: _____ | Recommended | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date of Membership Vote _____