

# Application for Membership

# GUYASUTA VOLUNTEER FIRE DEPARTMENT

**Classification of Membership:**     FIRE/EMS     LIVE IN     Administrative/Industrial

Please fill out all portions of this application completely and legibly. Failure to provide all information requested may delay the application process. If you have any questions, please contact the Membership Committee at 412.963.7577 or by email [info@guyasutavfd.org](mailto:info@guyasutavfd.org).

**PERSONAL INFORMATION**

NAME: Last                      First                      Middle			DATE OF BIRTH:		AGE:	
ADDRESS: Number & Street			CITY:		STATE:	ZIPCODE:
PREVIOUS ADDRESS: (If less than two years at current address)						
HOME PHONE:		WORK PHONE:			CELL OR OTHER PHONE:	
PLACE OF BIRTH:		U.S. CITIZEN?	IF NON-US CITIZEN, LEGAL RESIDENT?		EMAIL ADDRESS:	
HEIGHT: (ft. , in.)	WEIGHT: (lbs.)	EYE COLOR:	HAIR COLOR:	SEX:	RACE:	BLOOD TYPE:
MARITAL STATUS:		RELIGION:		CHURCH/MINISTER:		PHONE NUMBER:
EMERGENCY CONTACT NAME:		RELATIONSHIP TO YOU:			DAY AND EVENING PHONE NUMBERS:	
EMERGENCY CONTACT ADDRESS:						

**MEDICAL INFORMATION (cursory only- applicant will be required to undergo physical examination prior to appointment)**

ROUTINE MEDICATIONS:	MEDICAL ALLERGIES:	PHYSICAL HANDICAP OR OTHER DISABILITY?	DESCRIBE:
FAMILY PHYSICIAN:	PHONE NUMBER:	OTHER MEDICAL CONDITION THAT MAY INTERFERE WITH YOUR ABILITY TO PERFORM FIRE/EMS DUTIES:	

**MILITARY EXPERIENCE (please indicate any military service, filling in the appropriate information)**

SERVICE NUMBER	MILITARY BRANCH	RANK	DATES OF SERVICE	TYPE OF DISCHARGE
Describe your military job(s) and training:				

**EDUCATION AND TRAINING**

NAME AND ADDRESS OF HIGH SCHOOL:		DATE OF GRADUATION:	HIGHEST GRADE COMPLETED:	DATE OF G.E.D.:	
ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use separate page if necessary)					
Name of School:	City/State:	Dates Attended:	Major:	Credits:	Degree:

DO NOT WRITE IN THE SPACES BELOW - FOR INTERNAL GUYASUTA FIRE DEPARTMENT USE ONLY

Date Application Received:		ID Number Assigned:	
Date Approved for Processing:		Probationary Manual Completed:	
Approved By:		Engine Manual Completed:	
Date Physical Completed:		Aerial Manual Complete:	

**FIRE/EMS TRAINING (please list any prior fire/ems training you have received – use separate page if necessary)**

COURSE/CERTIFICATION TYPE	TRAINING AUTHORITY/JURISDICTION	DATE RECEIVED	EXPIRATION DATE	ADDITIONAL COMMENTS

**EMPLOYMENT HISTORY (begin with most recent and work back at least three years – use separate page if necessary)**

EMPLOYER NAME AND ADDRESS (w/city, state & zipcode)	POSITION HELD	DATES EMPLOYED	SUPERVISOR	PHONE NUMBER

**PERSONAL REFERENCES (persons should not be related to you, but should be able to comment on your education, work experience, character and/or community involvement. PLEASE PROVIDE AT LEAST 3 REFERENCES – 4 IF UNEMPLOYED)**

NAME	ADDRESS (include City/State/ZIP)	OCCUPATION/TITLE	PHONE NUMBER

**DRIVING RECORD**

DRIVER'S PERMIT NUMBER:	ISSUING STATE:	CLASS OF PERMIT:	ENDORSEMENTS:	RESTRICTIONS:
CURRENT # OF POINTS (if any):	Has your permit ever been revoked or suspended? If yes, explain.			

**GENERAL INFORMATION**

Have you ever been charged, arrested or convicted of any crime or felony? If yes, give date, charge, place, court and action taken.	YES	NO		
Have you ever filed an injury compensation form or claim (worker's compensation)? If yes, please explain.	YES	NO		
Have you ever been an applicant, or member of the Guyasuta Fire Department or any other fire department or rescue squad? If yes, please provide the information requested below. Use a separate page if necessary.	YES	NO		
NAME OF DEPARTMENT	ADDRESS	CHIEF	SERVICE DATES	REASON FOR LEAVING

**SIGNATURE**

I hereby certify and affirm that all the information provided on this application is truthful and accurate to the best of my knowledge and ability. I understand that each statement will be investigated. Any inaccurate, falsified or misleading statement or answer may result in rejection of this application or dismissal from the department.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION