



STATION 1
5149 North Pioneer Rd
Gibsonia, PA 15044
724-443-5250

STATION 2
2881 Wildwood Rd Ext.
Allison Park, PA 15101

STATION 3
2536 Duncan Ave.
Allison Park, PA 15101

Membership Application

APPLICATION FOR (CHECK ALL THAT MAY APPLY): Firefighter Fire Police Driver

NAME

LAST MIDDLE FIRST

ADDRESS (Current):

NUMBER STREET APT CITY STATE ZIP

How long have you lived at this address? Do you RENT or OWN

TELEPHONE / EMAIL
PRIMARY TELEPHONE SECONDARY TELEPHONE
PRIMARY EMAIL SECONDARY EMAIL

DATE OF BIRTH MM / DD / YYYY You are at least 18 years of age YES NO

DRIVERS LICENSE
STATE NUMBER TYPE / CLASS EXP DATE

----- BACKGROUND -----

Highest level of education attained HS Diploma or GED Associates Bachelors
 Tech / Trade School Masters PhD

Last school attended City / State

Have you ever served in the military YES NO Branch _____
Service dates: from _____ to _____
Are you currently in the Reserves YES NO

Have you ever been arrested YES NO Have you ever been convicted of a felony YES NO

Do you have previous firefighting and / or EMS experience YES NO
If 'yes' please list (ATTACH ADDITIONAL SHEETS IF NECESSARY)

DEPT / ORG	RANK	YEARS
DEPT / ORG	RANK	YEARS
DEPT / ORG	RANK	YEARS

Please list any certifications and / or specialized training you have received (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Are you currently employed? If so where			
Name	Location		
Supervisor NO	Telephone	May we call as a reference <input type="checkbox"/> YES <input type="checkbox"/>	

REFERENCES – Please list three people we may contact (non-family; non-employer)

NAME	RELATION	TELEPHONE and / or EMAIL
NAME	RELATION	TELEPHONE and / or EMAIL
NAME	RELATION	TELEPHONE and / or EMAIL

By applying for a support or structural firefighter position, I agree to complete a physical examination performed by a physician selected by the HTVFD, and consent to the release of the results of the examination in order for the HTVFD Fire Chief to verify that I am physically capable of performing the duties of the position for which I am applying. I understand and agree that the HTVFD has the right to deny my application or limit my level of participation based on the results of the physical examination. I understand that this physical examination will be provided at no cost to me and will not be shared with any 3rd parties.

I certify that the information provided by me on this application is true and complete and does not contain any falsifications, omissions, or concealments of material facts. I authorize the HTVFD to verify the truth of this information, and any other information I may supply during this application process. I further authorize the HTVFD to investigate my criminal history, and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part due to my criminal history, an Officer of the HTVFD will so advise me.

I understand and agree that it is the intention of the HTVFD to maintain a high degree of public trust. Therefore it is imperative to maintain honesty, reliability, integrity, and high moral character and should I become a member I will be expected to follow the rules and objectives of the Department.

I hereby acknowledge that I have read these conditions of the membership application and fully understand the meaning and implications of signing this form.

Signature _____

Print _____

Date _____

INTERNAL DEPT USE ONLY (DATE and INITIAL)	REFERRED BY DEPT. MEMBER:			
Approved for:	<input type="checkbox"/> Firefighter	<input type="checkbox"/> Driver	<input type="checkbox"/> Fire Police	
Received (RESTRICTED)	Background	References	Physical	<input type="checkbox"/>
RECOMMEND	DECLINE	NOTIFICATION (by / date)		

COMPLETED APPLICATIONS MAY BE MAILED TO THE DEPARTMENT OR SCANNED AND EMAILED TO Vice.President@HTVFD.org

<<< **CONFIDENTIAL** >>>

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