

Application For Membership

Etna VFD considers all applicants for all positions, in accordance with Title VII of the Civil Rights Act of 1964, as amended, and the Americans With Disabilities Act of 1990, and the Age Discrimination if Employment Act of 1967, which prohibits discrimination in the recruitment, selection and hiring of employees.

I. TYPE OF MEMBERSHIP APPLYING FOR:

<input type="checkbox"/> Firefighter	<input type="checkbox"/> Active	<input type="checkbox"/> Honorary	Date Applied:	Date Received:
<input type="checkbox"/> Fire Police	<input type="checkbox"/> Industrial	<input type="checkbox"/> Associate	____/____/____	____/____/____
	<input type="checkbox"/> Junior			

II. PERSONAL INFORMATION:

Name (Last, First, Middle):		Date Of Birth:	
		/ /	
Address (Include Apt. #):			
City:		State:	Zip:
Home:	()	Social Security Number:	
Work:	()		
Driver Info	State:	Number:	Issue Date:
			/ /
Employment Name:		How Long:	Expiration Date:
Address:			/ /

III. REFERENCES:

Name:	Phone:
Name:	Phone:
Name:	Phone:

IV. MEMBERSHIP WITH OTHER FIRE DEPARTMENTS (Past and/or Present):

Department:	Phone:	Contact:
Department:	Phone:	Contact:
List Any Training or Certification Obtained:		

V. PLEASE ANSWER THE FOLLOWING QUESTIONS:

	YES	NO
Have you ever been charged or convicted of a crime? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged or convicted of a traffic offense? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
Have you read, and do you understand the by-laws and rules and regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to take part in at least 1/3 of all fundraising events assigned to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any medical problems that would prevent you from fulfilling your duties? (include if you must wear glasses to see or have a hearing problem) If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
Answer the following questions only if applying for Active membership		
Are you willing to take a physical/medical exam?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in the Borough of Etna? If no, how far do you live? ____ miles	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand you will be on probation for at least one (1) year and that you must attend 1/3 of in-house training and complete Essentials Of Firefighting I at The Allegheny County Fire Training Academy during that time?	<input type="checkbox"/>	<input type="checkbox"/>
Signature:	Date:	

By signing this application, you authorize the Etna Volunteer Fire Department to perform a criminal and driving history background check. Attach photocopies of the following: Current Diver's License, Certificates of Training for Firefighting and other related training, and MD statement and/or release if needed. If Junior, application must be signed by parent or legal guardian with a copy of your Work Permit attached.