

New Cumberland Fire Department

319 4th Street New Cumberland, PA 17070 www.ncfd10.com

Phone (717) 774-0193 Fax (717) 774-7046

MEMBERSHIP APPLICATION

Application Fee \$25.00

(Not Refundable)

Areas Of Interest

EMS Administrative Fire

Social Special Police (Must be 18 Years of Age)

Name: _____
Last First Middle Must be spelling of full name

Address: _____

City: _____ State: _____ Zip: _____

Date Of Birth: ___ / ___ / ___ Sex: M / F

Drivers License Number: _____

Home Phone: _____ Work Number: _____ Cell Number: _____

Have you ever been a member of the New Cumberland Fire Department?

Yes No

From: ___ / ___ / ___ - To: ___ / ___ / ___

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Current Occupation: _____ Manger / Supervisor: _____

Employed By: _____

Employers Address: _____

May we contact this employer Yes No Contact Number: _____

Reason for leaving: _____

Previous Occupation: _____ Manger / Supervisor: _____

Employed By: _____

Employers Address: _____

May we contact this employer Yes No

Reason for leaving: _____

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Personal Reference (Other then family members)

1. _____
Name Address Phone Number Contact Person

2. _____
Name Address Phone Number Contact Person

3. _____
Name Address Phone Number Contact Person

Emergency Contact Information

1. _____
Name Address Phone Number Relation

2. _____
Name Address Phone Number Relation

3. _____
Name Address Phone Number Relation

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Education

Do you have either a High School Diploma or GED Yes No

1. _____
Name Address Phone Number

2. _____
Name Address Phone Number

3. _____
Name Address Phone Number

Certificates & Qualifications
(Please list and provide copies of all training)

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Legal Disclaimer

I HERBY REQUEST FORMAL CONSIDERATION AS AN APPLICATION TO BE A MEMBER ACTIVE MEMBER IN THE NEW CUMBERLAND FIRE DEPARTMENT. I UNDERSTAND THAT MY SIGNATURE GIVES THE MEMBERSHIP COMMITTEE AND THE BOARD OF DIRECTORS OF THE NEW CUMBERLAND FIRE DEPARTMENT AUTHORIZATION TO HAVE A BACKGROUND CHECK DONE BY THE POLICE. I ALSO UNDERSTAND THAT THE MEMBERSHIP COMMITTEE AND THE BOARD OF DIRECTORS WILL INVESTIGATE COMPLETELY THE INFORMATION CONTAINED IN THIS APPLICATION. I FUTHER UNDERSTAND THAT ANY MISSTATEMENT OR MISRPPESENTATION OF FACT WILL BE SUFFICIENT CAUSE FOR REMOVAL AS AN ACTIVE MEMBER AND / OR DENIAL OF MEMBERSHIP.

IF CONVICTED OF ARSON DO NOT APPLY. BY APPLYING YOU ARE BREAKING THE LAW

Signature: _____ Date: ____ / ____ / ____

Payments Must Be By Check Or Money Order Only

Please Make Payable To The New Cumberland Fire Department

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MEMBERSHIP APPLICATION

For Department Use Only

Membership Committee Person Assigned

Application Received Date

Application Received By

Date Background Check Sent

Date Background Check Received

Board Meeting Date

Date Elected Into Probation

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MEMBERSHIP APPLICATION

Social Security Number

_____/_____/_____