



MILITARY EXPERIENCE (LIST - NOT NECESSARY): Y N

***A PHYSICAL EXAM IS REQUIRED OF ALL NEW RVFD APPLICANTS. FEES ARE COVERED BY THE MUNICIPALITY.***

DRIVERS LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_

DO YOU HAVE ANY TRAFFIC / VEHICLE OPERATOR VIOLATIONS IN THE PAST 5 YEARS? Y / N  
LIST DATES / DETAILS:

HAVE YOU BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC VIOLATIONS? Y / N  
LIST DATES / DETAILS:

***ROSEDALE VFD CONDUCTS BACKGROUND / CRIMINAL / DRIVER HISTORY INVESTIGATIONS ON NEW APPLICANTS.***

LIST THREE PERSONAL / PROFESSIONAL REFERENCES, EXCLUDING RELATIVES:

NAME:

PHONE:

RELATIONSHIP:

NAME:

PHONE:

RELATIONSHIP:

NAME:

PHONE:

RELATIONSHIP:

DO YOU HOLD ANY MEMBERSHIPS (OR PREVIOUSLY) IN ANY OTHER ORGANIZATIONS? Y / N

IF YES, LIST ORGANIZATION(S) AND POSITION HELD:

WORK HISTORY:

PRESENT EMPLOYER:

YEARS EMPLOYED:

POSITION:

SUPERVISOR:

SUPV PHONE:

MAY WE CONTACT FOR A REFERENCE? Y / N

PAST EMPLOYER:

YEARS EMPLOYED:

POSITION:

SUPERVISOR:

SUPV PHONE:

MAY WE CONTACT FOR A REFERENCE? Y / N

I, \_\_\_\_\_ DO HEREBY SUBMIT THIS APPLICATION FOR MEMBERSHIP TO THE ROSEDALE VFD/WM PENN VFA OF PENN HILLS, PA FOR THE CLASSIFICATION INDICATED ABOVE. I AFFIRM THAT ALL STATEMENTS MADE IN THE APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSIFICATION OF INFORMATION ARE GROUNDS FOR DISMISSAL FROM DEPARTMENT. I CONSENT TO A BACKGROUND INVESTIGATION, INCLUDING A PA STATE POLICE CRIMINAL RECORD CHECK. I UNDERSTAND THAT A PHYSICAL EXAM IS REQUIRED PRIOR TO PROCESSING OF MY APPLICATION (FOR RVFD). I FURTHER AFFIRM THAT IF ACCEPTED, I WILL ABIDE BY ALL RULES, REGULATIONS, POLICIES, MOTIONS AND BYLAWS OF THE RVFD/WPVFA.

SIGNED:

DATE:

PRINT NAME:

