

# Membership Application Packet



## **Newport Fire Company, No. 1**

**P.O. Box 778**

**Bensalem, PA 19020**

### **Station 88:**

2900 Pasqualone Blvd  
Bensalem, PA 19020

### **Station 44:**

5961 Bensalem Blvd  
Bensalem, PA 19020

## **Application Process:**

The application process consists of 6 steps:

- 1) Membership Application – Complete the application and sign the “Application Process” form stating that you are aware and understand the application process.  
  
\*\*Any applicant under the age of 18 must submit a copy of their working papers with application\*\*
- 2) Pennsylvania State Police Criminal Background Check – The Criminal Background Check may be completed online at the PA State Police website: [www.psp.state.pa.us/patch/site/default/asp](http://www.psp.state.pa.us/patch/site/default/asp). Select- **New Record (Volunteers only)** and follow the instructions prompted. Print and save a copy of the certification at the end. **(ATTACH TO APPLICATION)**
- 3) Pennsylvania Child Abuse History Clearance – The Child Abuse Clearance may be completed online at: <https://www.compass.state.pa.us/cwis/public/home>. Create an account and follow the instructions prompted. Print and save a copy of the form that states you have submitted the request. **(ATTACH TO APPLICATION)**
- 4) 3-Year Driver History Record – The 3-Year History Record may be completed online at: <https://apps.pa.egov.com/idr>. Agree to the terms and then proceed to enter your Driver’s License Number, Date of Birth, and Last 4 digits of your Social Security No. (SSN). Once logged in select to purchase the “3-Year History Record.” Print and save a copy of this record at the end. **(ATTACH TO APPLICATION)**
- 5) Submit Completed Application: Submit Application by email with Child Abuse Clearance, Criminal Background Check, and any prior certifications attached to [joinnewport@gmail.com](mailto:joinnewport@gmail.com) or drop off your application with all necessary documents attached to one of the two stations listed below any Wednesday night between 1830-1900. Once submitted, the application will be sent to the Township for review.

### **Station 88:**

2900 Pasqualone Blvd  
Bensalem, PA 19020

### **Station 44:**

5961 Bensalem Blvd  
Bensalem, PA 19020

- 6) Membership Interview – After completing your application, a representative of the membership committee will contact you to set up an interview. At that time, you will be interviewed by members of the committee. If you are a minor, you must have a parent present at the time of the interview.

7) Probationary Period – Upon the completion of the above steps, your request for membership will be brought to the attention of the members of the fire department during one of the monthly meetings. The membership committee will review your application with the members and at that point and the body will vote to either accept you to the department for a one (1) year probationary period or to deny acceptance. If you are voted in, at any time during the probationary period you may be asked not to return for any reason. This will terminate your probationary period and your eligibility for full membership. Upon satisfactory completion of the probationary period, you will become eligible to be voted in for full membership.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Do you know anyone who is currently a member at Newport Fire Company:  Yes  No

If yes, name(s): \_\_\_\_\_

List three (3) references not related to you or listed above:

Name	Address	Phone Number	Years Known

List three (2) emergency contacts:

Name	Address	Phone Number	Relationship

Are you currently a member at any fire company:  Yes  No

If yes, please list where: \_\_\_\_\_

Have you ever been a member at any other fire company:  Yes  No

If yes, please list where: \_\_\_\_\_

Do you have firefighting experience:  Yes  No

List any emergency service training (Fire and/or EMS) you have (please attach applicable certificates):

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Do you have any Physical Limitations?  Yes  No

If yes, please describe what they are: \_\_\_\_\_

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I, the undersigned, give my full consent to the Newport Fire Company, the Bensalem Township Police or their designee, to conduct a Criminal Records Check, background investigation and any additional inquiries they feel are necessary within the legal boundaries of the law. Furthermore, I understand that the Newport Fire Company reserves the right to reject any and all applications, and I understand any falsification and/or omission of this application will VOID this application or further membership.

*NOTE: Any application under the age of eighteen (18) must have a parent or legal guardian's permission and signature prior to returning this application.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

To Whom It May Concern:

I am a candidate for the position of firefighter with the **Newport Fire Company** (5961 Bensalem Blvd, Bensalem, PA 19020).

In order to assure that I am qualified to be employed as a firefighter, the **Newport Fire Company**, **Bensalem Township Fire Rescue Department and Bensalem Township Police Department** requires access to all of my employment and personal history information.

I hereby authorize the **Bensalem Township Police Department** bearing this release to obtain any information in your files pertaining to my employment records. This is to include any information concerning myself at the time of employment with your company.

The intent of this authorized release of information is to give my consent to full and complete disclosure. It is my specific intent to provide access to personnel information, however personal or confidential it may appear.

I consent to your release of any and all public and private information that you may have concerning me, my work record my background and reputation, military service records, financial status, criminal history, including any arrest records or police contacts. Any information contained in investigatory files or recollections of attorney's at law, or other counsel, whether representing me or another person in any case (criminal or civil), in which presently have or had interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and or sealed.

I hereby release you, your organization, its officers and employees and all others from liability or damages that may result from providing the information that has been requested by the **Newport Fire Company**, **Bensalem Township Fire Rescue Department and Bensalem Township Police Department**. I hereby release you as the custodian of these records from any liability or damage pursuant to state and federal law. This release supersedes any and all agreements that I may have had with you, your organization and any and all employees that I may have had previously to the contrary.

For and in consideration of the **Newport Fire Company**'s consideration of candidacy for the position of firefighter with the **Newport Fire Company**, I agree to hold the **Newport Fire Company**, its agents, employees or related personnel, both as individuals and collectively harmless from any and all claims and liability for damages of whatever kind, associated with my application for the position of firefighter with the **Newport Fire Company**.

In understand that should information of a criminal nature be discovered as a result of this investigation, such information **will** be turned over to the proper authorities.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **Newport Fire Company** in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

This waiver is valid for a period of thirty (30) days from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to hold harmless the person to whom this request is presented and his agents, and employees from any and all claims, damages, losses and expenses, including attorney's fees, arising out of or by reason of complying with this request.



**BENSALEM TOWNSHIP**  
*Department Of Public Safety*  
**FIRE RESCUE DEPARTMENT**

2400 Byberry Road - Bensalem, Pa 19020  
Phone: 215-633-3617 - Fax: 215-633-3662

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

Candidate's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Fire Company: \_\_\_\_\_ Newport Fire Company \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Parent Signature Required: If candidate is under 18 years of age\*\***

**\*\*Parent Signature & Working Papers Required: If candidate is 14 or 15 years of age\*\***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_



