



APPLICATION FOR MEMBERSHIP

INSTRUCTIONS:

Read these instructions carefully before proceeding. They are provided as a guide to assist you in properly completing your Application. It is essential that all information be true and accurate, as it will be used as the basis for a background investigation that will determine your eligibility for membership. One of the criteria evaluated is a person's ability to follow instructions. After reading and understanding these instructions write your initials in the lower right margin of this sheet.

1. Your Application should be printed in your own handwriting, legibly and in ink.
2. If a question is not applicable to you, enter "N/A" in the space.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin.
4. You are responsible for obtaining correct address and telephone numbers. Be sure to include the area codes and zip codes. If you are not sure of an address or telephone number, check it.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Application.
6. An accurate and complete form will help expedite your background investigation.
7. Omissions, misrepresentations or falsifications will result in disqualification and the committee shall present a finding of "not in favor of the applicants membership". No new "corrected" application will be accepted from this applicant for a period of 2 years.

Criminal History Eligibility Criteria:

Individual shall never have been convicted of a felony offense (F1 ,2, or 3) or Class A (M1) Misdemeanor. Individual shall not have been convicted of a misdemeanor offense of a Class B (M2) within the last five (5) years; deferred adjudication is considered a conviction.

Junior member applicants shall attach Work Permit Application PDE-4565 or Work Permit Certificate PDE-4502 or PDE-4566.

Place completed application in Membership mailbox on 2nd floor in hallway or by US Mail to: FDMJ Membership Committee, 111 New Haven Street, Mount Joy, Pa 17552

Questions: Email to Membership@FDMJ.Com

ATTACH YOUR \$20.00 CHECK HERE
-No Cash, Check or Money Order Only-
**For PA State Police Record Check
and FDMJ Application Fee**
-Non-refundable-
Payable to “FDMJ”

	<u>“X” IN BLOCK NEXT TO POSITION YOU WISH TO APPLY FOR</u>
	ACTIVE FIREFIGHTER – Anyone 18 years of age or older who wishes to serve as a Firefighter.
	ACTIVE FIRE POLICE – Anyone 18 years of age or older who wishes to serve as a Fire Police Officer
	ACTIVE SUPPORT – Anyone 18 years of age or older who wishes to support FDMJ with station maintenance and various other work details. By checking this block I agree to assist with station work details when requested by an officer of FDMJ.
	JUNIOR FIREFIGHTER – Anyone between the ages of 14 and 18 who wishes to be active with the fire department. (Working papers must accompany application)

FDMJ USE ONLY: AFF [] AFP [] AS [] JFF [] FEE PAID: _____
PSP [] R1 [] R2 [] R3 [] EMP _____
INTERVIEW DATE: _____ []
BY: _____
VOTED IN DATE: _____ FDMJ DATABASE DATE: _____
Cc: P3 –Sys Admin [] P5 –FDMJ VP [] P6 –MJY Boro Mgr [] P8 –Parent or Guardian []

PERSONAL INFORMATION:

Name Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Date of Birth: _____ Age: _____ SSN: _____

Previous Address: _____

Email: _____ Drivers License No: _____

Have you ever been known by any other name? i.e.; Maiden name, nick name: If so list below or indicate N/A.

Other Name: _____

Do you know a current FDMJ Member? If so list below or indicate N/A.

Name: _____ Phone: _____

Do you have previous Fire Dept, EMS, or Fire Police experience? If so list below or indicate N/A.

Previous FD Experience: (Position): _____ Last Active (mm/yy) _____

Previous FD: _____
Name Address City State Zip

Previous FD Point of Contact and title:
Name: _____ Phone: _____

EMPLOYMENT

(List your 3 most recent employers, starting with the most recent.)

Immediate Supervisor: _____ Title: _____
 Dates Employed: From: _____ To: _____ Reason for Leaving: _____
 May We Contact For Reference: Yes No
 Employer: _____ Phone #: (____) _____
 Address: _____
 Job Title: _____ Job Responsibilities: _____

Immediate Supervisor: _____ Title: _____
 Dates Employed: From: _____ To: _____ Reason for Leaving: _____
 May We Contact For Reference: Yes No
 Employer: _____ Phone #: (____) _____
 Address: _____
 Job Title: _____ Job Responsibilities: _____

Immediate Supervisor: _____ Title: _____
 Dates Employed: From: _____ To: _____ Reason for Leaving: _____
 May We Contact For Reference: Yes No
 Employer: _____ Phone #: (____) _____
 Address: _____
 Job Title: _____ Job Responsibilities: _____

EDUCATION

Name and Address of School	Dates Attended	Grade or Degree Completed	Major or Area of Study	G.P.A.

REFERENCES

List three work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you:

Name	Relationship	Phone #	Years Known

INSURANCE BENEFICIARY INFORMATION

Your Name, Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

Date of Birth: _____ Age: _____ SSN: _____

SIGNATURE: _____ DATE: _____

Beneficiary One
Name: _____ Phone: _____

Beneficiary One
Address: _____

Beneficiary One
Relationship: _____ Percent of Benefit * _____

Beneficiary Two (Optional)
Name: _____ Phone: _____

Beneficiary Two
Address: _____

Beneficiary Two
Relationship: _____ Percent of Benefit * _____

Beneficiary Three (Optional)
Name: _____ Phone: _____

Beneficiary Three
Address: _____

Beneficiary Three
Relationship: _____ Percent of Benefit * _____

- SHALL TOTAL 100%

Employee Acknowledgement Form

As per the Pennsylvania Workers' Compensation Act your employer has selected a "designated list of healthcare providers" who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list of designated providers (or panel) is posted in a prominent location that is accessible to all employees. In addition, your supervisor can provide you with a copy of these designated providers. If you are injured at work, you have certain legal rights and duties under Section 306(f.1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

Medical Treatment during the first 90 days:

- √ You have the **RIGHT** to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- √ You have the **RIGHT** to choose which of the panel providers will treat you for your work-related injury.
- √ You have the **RIGHT** during this 90-day period, to switch from one health care provider on the list to another provider on the list, and treatment shall be paid for by the employer. You have the **RIGHT** to seek treatment from the referral provider if you are referred to him by a designated provider.
- √ You have the **RIGHT** to receive emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period. Non-emergency treatment must be delivered by a listed panel provider.
- √ You have the **Right** to seek an additional opinion from any health care provider of your choice when a designated provider prescribes invasive surgery. If the additional opinion differs from the opinion of the designated provider and that opinion provides a specific and detailed course of treatment, the employee shall determine which course of treatment to follow. If the employee opts to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on the employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.
- √ You have the **DUTY** to obtain treatment for work-related injuries from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- √ You have the **RIGHT** to seek treatment or medical consultation from a non-designated provider during the 90-day period, but that these services shall be at the employee's expense for the applicable 90 days

Medical Treatment: After the first 90 days

- √ You have the **RIGHT** to receive treatment from any physician or other healthcare provider of your choice whether or not they are listed by your employer. Your employer must pay for this treatment as long as it is reasonable and necessary for your work-related injury and has been properly documented by the physician or other health care provider.
- √ You have the **DUTY** to notify your employer if you chose to receive treatment from a physician or other healthcare provider who is not on your employers designated panel listing of providers. You must notify your employer within five (5) days of the first visit to any provider who is not on your employer's panel listing. The employer may not be required to pay for treatment until you have given this notice. However, the employer shall pay for these services once notified, unless the treatment is found to be unreasonable.

Your signature on this form indicates that you have been informed of and understand these rights and duties. If you have questions, be sure you have your rights and duties explained to you before signing this form.

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one):

- Time of hire
- When I was injured
- Other _____

Employee Signature: _____ Date: _____

Employee Name (please Print): _____

Employer Representative's Signature: _____ Date: _____

LICENSES, ICS COURSES, ORGANIZATIONS, HOBBIES

List any professional License you maintain: (i.e.; EMT, Nurse, Attorney, Pilot, Electrician, Plumber)

List FEMA ICS required courses you have completed (ie; IS 100, IS 200, IS 700, IS 800)

List any organizations you hold membership in: (i.e.: Boy Scouts, Rotary Club, Lions Club, F.O.P.)

List any hobbies, knowledge, skills or, abilities which you could employ to benefit FDMJ:

STATEMENT OF HISTORY **(YOUR ANSWERS MUST BE COMPLETE AND CORRECT)**

Have you received any Traffic or Non-Traffic Citations **within the last 5 years?** Yes [] No []
If Yes, list on reverse or margin of this sheet.

Have you ever been convicted of a crime, plead guilty or entered a No-Contest Plea to a crime? Yes [] No []
If Yes, please explain on reverse or margin of this sheet.

Have you ever applied for and been denied membership to any Emergency Service organization? Yes [] No []
If Yes, please explain on reverse or margin of this sheet.

Have you ever had membership to any Emergency Service organization terminated by the organization? Yes [] No []
If Yes, please explain on reverse or margin of this sheet.

AGREEMENT

I certify that I have lived in Pennsylvania continuously for the past 10 years. INITIAL HERE: _____

I certify that I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa.C.S 3301 or any similar offense under state or federal law.

I certify that all of the statements made herein by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I am aware that all statements made by me in this application are subject to investigation. I authorize the release of driving record, criminal background histories, medical records, training records, and fire department membership records to Fire Department Mount Joy. Photo copies of this signed release are acceptable as original. This release shall remain in effect for the duration of my membership in FDMJ.

In the event of enrollment, I understand that false and misleading information given in my application or interview may result in discharge. I understand too, that I am required to abide by all rules, regulations, bylaws, and standard operating procedures or guides of Fire Department Mount Joy.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____



JUNIOR FIREFIGHTERS AGREEMENT

**Required, along with Work Permit Application PDE-4565 or Work Permit Certificate
PDE-4502 or PDE-4566 if applicant is under 18 years of age**

Name Last: _____ First: _____ Middle: _____

FDMJ BY-LAWS ARTICLE 11 JUNIOR FIREFIGHTERS

SECTION 1 – Direct Supervisor – Junior Firefighters shall be under direct supervision of the Fire Chief

SECTION 2 – Organization – Junior Firefighters may have their own set of officers for their own group. They make motions, which shall be presented by their instructors at the regular company meeting for action. They may attend company meetings, having no vote on any subject.

SECTION 3 – Officers and Responsibilities – The officers of the Junior Fire Company shall consist of one (1) Captain, one (1) Lieutenant, a President, a Vice-President and a Secretary-Treasurer. These officers shall be responsible at all times to their designated instructor, Chief of the Company and other officers as is necessary for the proper performance of their duties.

SECTION 4 – General Laws – All Junior Firefighters are subject to the By-Laws, and rules set forth by the company. Any violation of the same or any laws of the Commonwealth of Pennsylvania or the Borough of Mount Joy, which reflects upon the Junior Firefighter, shall be dealt with by the instructor and the Chief of the Company.

SECTION 5 – Curfew – All Junior Firefighters are subject to the curfew of the Borough of Mount Joy, except during the time of fire or drill. They shall return directly to their residence at the close of such activities during the hours of curfew. Violators are subject to Section 3 of this Article.

SECTION 6 – Junior Operators License – Junior Firefighters holding Junior Operators License shall obey the terms of same as set forth by the Motor Vehicle Code at all times. Violators are subject to Section 4 of this Article.

SECTION 7 – Academic Standards – Junior Firefighters shall maintain a "C" average of all grades combined, with no failing grades. Failure to maintain this level will result in the suspension from all activities except Company meetings as prescribed in Article 12 Section 1 and Section 3 and either Monday night training or two hours of scheduled training per week for 45 school days and any weekends within that period. Summer vacations will be exempt unless the Junior Firefighter is taking summer classes.

FDMJ BY-LAWS ARTICLE 12 MEETINGS

SECTION 1 – Date and Time of Meetings – The stated meeting of the company shall be held on the second Thursday of each month. The meeting will start at 7:00 p.m.

SECTION 2 – Rules for Meeting Falling on Holidays – When the stated meeting of the company falls on a legal holiday the meeting shall be held on the succeeding Thursday evening at the same hour.

SECTION 3 – Procedure for Special Meeting – Special meetings may be held at the request of the President whenever he may think it necessary, or by the written request of five members in good standing. When a special meeting is called the subject of the special meeting must be clearly stated and no other business may be transacted other than that for which the special meeting is called. Notice of the special meeting is to be posted in the Fire Station at least five days prior to the special meeting.

If Applicant is under 18 Years of age, signature of parent or guardian is required,

Signature indicates I have read and understand the Junior Firefighters requirements shown above

A copy of this agreement shall be returned to parent or guardian

Parent or Guardian
Signature: _____ Date: _____

Parent or Guardian Printed
Name: _____ Phone: _____