

# Cranston Heights Fire Co. #1, Inc.

Cranston Heights - Delaware

Organized: 16 November 1919

Incorporated: 31 January 1920

3306 Kirkwood Highway - Wilmington, Delaware 19808

Phone: (302) 998-3140 / Fax: (302) 995-0954

## MEMBERSHIP APPLICATION



- **Applicants must be at least 15 Years Of Age.**
- **Applicants Under the Age of 18 Must Have Parent's Signature.**
- **There is a \$2.50 Application Fee ( Check or Money Order ) ( *Cash is not preferred* ). The Application Fee will be returned should the application for membership be rejected.**
- **Applicants may either Hand Deliver or Mail the Application to the Fire Station. (Mailing Address is located on cover sheet.)**
- **Address Applications to Attention of Credentials Committee.**
- **Applicants Must Submit a PHOTO COPY OF THEIR DRIVER's LICENSE or a Recent Photograph they Do Not Wish to be Returned.**
- **Applicants must contact the State Bureau of Identification ( SBI ) at (302) 739-5900 to set up their appointment for a Criminal Background Check. The applicant must complete the CBC and submit it with their completed application.**
- **Applicants must contact the Cranston Heights Fire Company, if there are any changes in their address and/or phone number during the application process.**
- **A member of the Credentials Committee will contact the applicant, by phone, to schedule an interview with the committee, once the completed application is processed.**

**APPLICATIONS FOR MEMBERSHIP WILL NOT BE CONSIDERED UNLESS ALL OF THE ABOVE INSTRUCTIONS ARE FOLLOWED**

# APPLICATION FOR MEMBERSHIP

Applications for membership must be typewritten or clearly printed in blue or black ink. All questions must be answered. If the questions do not apply, the applicant must indicate this by marking N/A in the appropriate area. If the applicant wishes to furnish addition information, they may use a blank sheet of loose leaf paper and number each answer to correspond with each question.

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All Applicants must understand that all appointments to the Cranston Heights Fire Company begin with a Probationary Period, which lasts for twelve (12) months. During this Probationary Period the member must demonstrate their fitness for membership, as required by the By-Laws of the Cranston Heights Fire Company #1, Inc. They must also understand, any Probationary Membership is contingent upon the results of a complete character investigation and be aware, any Probationary Member found willfully withholding information and/or making any false statements on this application will be the basis for **DISMISSAL** from the Cranston Heights Fire Company #1, Inc. All Applicants must agree to these terms and conditions and certify that all statements are true to the best of their knowledge. The signature of the applicant on the last page of this application (#9. Signed Release Form) indicates such an agreement.

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## 1. PERSONAL HISTORY

NAME  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

S.S.N.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Place of Birth (City and State) \_\_\_\_\_

Are you a Citizen of the United States of America? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work (Cell) ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### List Chronologically All Past Home Addresses (Include Any School Addresses)

FROM	TO	STREET ADDRESS	APT #	CITY	STATE

## 2. FIRE COMPANY INTERESTS

Indicate below which areas of the Fire Company you are interested in:

FIREFIGHTING \_\_\_\_\_ AMBULANCE \_\_\_\_\_ ADMINISTRATIVE \_\_\_\_\_

OTHER (Please Specify): \_\_\_\_\_

Have You Ever Been a Member of another Fire Company? Yes \_\_\_\_ No \_\_\_\_

If so, please list the name(s) of the Fire Company and Date of Membership:

\_\_\_\_\_

Have You Ever had any Firefighting and/or EMS Training? Yes \_\_\_\_ No \_\_\_\_

If so, please describe (in detail): \_\_\_\_\_

\_\_\_\_\_

List any Special Skills and/or Abilities which you feel would be beneficial to the Fire Company: \_\_\_\_\_

\_\_\_\_\_

How many hours per week do you feel you can devote to the Company? \_\_\_\_\_

## 3. EDUCATIONAL HISTORY

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Other Schools: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Other Schools: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

#### **4. EMPLOYMENT HISTORY**

( Please Begin with the Most Recent )

**Employer** \_\_\_\_\_ **Dates Employed From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Description** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Telephone ( \_\_\_\_\_ )** \_\_\_\_\_ - \_\_\_\_\_

**Employer** \_\_\_\_\_ **Dates Employed From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Description** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Telephone ( \_\_\_\_\_ )** \_\_\_\_\_ - \_\_\_\_\_

**Employer** \_\_\_\_\_ **Dates Employed From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Description** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Telephone ( \_\_\_\_\_ )** \_\_\_\_\_ - \_\_\_\_\_

#### **5. MEDICAL HISTORY**

**Do you now have, or have you ever had any of the following: Nervous, Mental and/or Emotional Disorders of any sort? Yes** \_\_\_\_ **No** \_\_\_\_ **If Yes, Explain:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you now have, or have you ever had any of the following: Tuberculosis, Epilepsy, Fainting Spells, Severe Headaches, Diabetes, Ulcers, Heart Disease and/or Asthma? Yes** \_\_\_\_ **No** \_\_\_\_ **If Yes, Explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do you now have, or have you ever had any Serious, Chronic or Debilitating Illness and/or Serious Operation? Yes** \_\_\_\_ **No** \_\_\_\_ **If Yes, Explain:**

\_\_\_\_\_  
\_\_\_\_\_

**Past and/or Present Physical Handicaps and/or Disabilities not listed above:**

\_\_\_\_\_

## 6. MOTOR VEHICLE INFORMATION

Are you a Licensed Motor Vehicle Operator? Yes \_\_\_\_ No \_\_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_ Class and Endorsements \_\_\_\_\_

Have you had any Motor Vehicle Accidents, in the Past Three (3) Years?

Yes \_\_\_\_ No \_\_\_\_ If Yes, Explain: \_\_\_\_\_

List the Current Number of Points on your Driver's License: \_\_\_\_\_

How many Accidents have you had, since you have been driving? \_\_\_\_\_

Have you ever been Convicted of the following, Driving Under the Influence and/or Driving While Intoxicated? Yes \_\_\_\_ No \_\_\_\_ If Yes, Explain:

\_\_\_\_\_  
\_\_\_\_\_

## 7. COURT RECORDS

Have you ever been convicted of Any Criminal Offense, including Traffic Tickets? Yes \_\_\_\_ No \_\_\_\_ If Yes, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 8. REFERENCES

( List Three Non-Relatives who have know you for at least 3 Years )

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**9. SIGNED RELEASE FORM**

**I, ( PRINT NAME ) \_\_\_\_\_ The undersigned, do hereby authorize the Cranston Heights Fire Company #1, Inc. to conduct an in depth Background Investigation on myself. I also do hereby authorize any Police Agency, School, Service, Business, Doctor, Individual and/or Association to release any and all Pertinent Information, which would assist the Cranston Heights Fire Company #1, Inc. in evaluating my character or qualifications.**

**In Signing this Authorization, I hereby release any and all Aforementioned Sources from Any Responsibility, Present or Future, in imparting this information.**

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Print and Signature of Parent(s) or Legal Guardians ( If Under 18 Years Old )**

**Print \_\_\_\_\_ Relationship \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Print \_\_\_\_\_ Relationship \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**