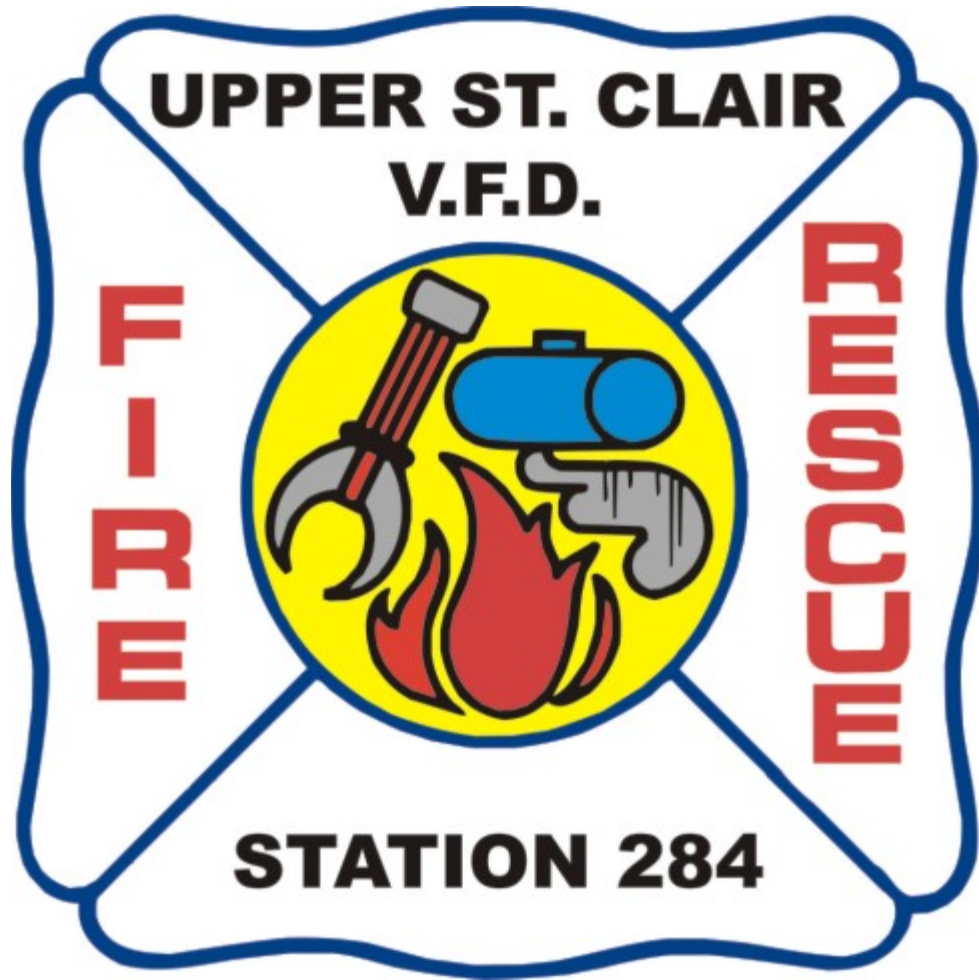


Application for the Township of Upper St. Clair Volunteer Fire Department



2001 Washington Rd
Upper St. Clair, PA 15241

www.uscvfd.com

Membership@uscvfd.org

412-835-0660

Thank you for your interest in The Upper St Clair 100% Volunteer Fire Department. Below you will find some of the information you will have to consider in moving forward in this process. While it may seem a bit overwhelming, you should know that a few dozen men and women are standing by ready to assist you in your endeavor. The fire service is steeped in tradition and we take great pride in passing the torch to new members, in the same manor it was passed to us. On occasion, in the truest sense of the American fire service, we actually get to help people who at that moment, have no were else to turn. WILL YOU ANSWER THE CALL?

The Upper St. Clair Volunteer Fire Department does not discriminate against any individual on the basis of race, religion, gender, national origin or disability. We are a true reflection of our community and those we serve. Therefore, answering no to any of the questions does not necessarily disqualify you from becoming a member. You do not need to be a resident, however distance is a factor in you being able to respond promptly from home to calls. In addition to the below requirements, in order for a firehouse to function, it requires the equal effort of all members to “pitch in” in a number of areas, including but not limited to, attending fire preventions at schools, community events, parades, and other activities relating to the community. Social events are very family friendly and you will be encouraged to attend those also.

With that said, please take a moment to read thru this application and if need be discuss it with your family.

If you at any point have questions please contacts us at 412 833-0660 or Membership@uscvfd.org

Are you a Resident of Upper St Clair? Yes ___ No ___

If not a resident how far from one of our fire stations do you live? _____

_____ Station #1 2001 Washington Road _____ Station #2 2300 Morton Road

The department has certain attendance requirements for its members each year as follows:

- a. Business Meetings (1st Wednesday of each month) – 50% required
- b. Training Drills (2nd & 4th Wednesdays of each month) 50% required
- c. Truck Maintenance (3rd Wednesday of each month) 50 % required
- d. Fire School minimum of 32 hours each year
- e. Attend 50 % of work details scheduled throughout year.

Do you feel you will be able to meet these attendance requirements? Yes ___ No ___

If No, explain:

You must complete the Essential of Fire Fighting Course approx. 188 hours within 2 years. (May be waived if applicant has already completed this training).

Do you feel you will be able to meet this requirement? Yes ___ No ___

If No, explain:

You must possess or obtain your Firefighter I certificate with accreditation granted by the National Board on Fire Service Professional Qualifications (National Pro-Board) and the International Fire Service Accreditation Congress (IFSAC). Obtainable after the Essentials of Fire Fighting Course.

Do you feel you will be able to meet this requirement? Yes ___ No ___

If No, explain:

The department will conduct an extensive background check of each applicant which includes, but not limited to:

- a. Criminal History check
- b. Driving Record check
- c. Interview of Employers, neighbors, and personal references.

Do you feel you will be able to meet this requirement? Yes ___ No ___

If No, explain:

You will be required to pass a physical exam given by a fire department approved physician.

Do you feel you will be able to meet this requirement? Yes ___ No ___

If No, explain:

You will be required to pass a physical agility test which includes:

- a. HOSE DRAG – Drag and Carry hose approx. 60 feet.
- b. HOSE CARRY – Carry a 50 foot section of hose up and down a flight of stairs.
- c. MANUEL DEXTERITY – Mate and thread 3 different sets of hose couplings
- d. HOSE PULL – Pull Section of hose hand over hand up one floor.
- e. LADDER RAISE – Raise and Place a 12 foot ladder against a wall.
- f. LADDER CLIMB – Climb to top of 12 foot ladder and back down.
- g. EQUIPMENT LIFT – Lift a piece of Equipment (50lbs) approx. 4 feet.
- h. TIRE HIT – Strike a tire with sledgehammer moving it 14 feet.
- i. SIMULATED EQUIPMENT SHUTTLE – Shuttle 4 pieces of equipment up and down a flight of stairs.
- j. DUMMY DRAG – Drag a dummy (150 lbs.) 30 feet.

Do you feel you will be able to meet this requirement? Yes ___ No ___

If No, explain:

An oral interview will be conducted by the Board of Directors and the Membership Committee.

Requirements/Instructions to Apply for Fire Department Positions

An Applicant:

- **Must be a legally authorized to work in the USA.**
- **Must possess of a valid Pennsylvania Driver's License or in the case of persons under the age of 18, a valid learners permit or explain why you don't possess one.**
- **Must be 16 years of age (if applying for junior membership) or 18 years of age if applying for regular membership.**
- **Must pass the USC-VFD PAT (Physical Agility Test)**
- **Must successfully pass a background investigation, any and all interviews, and a physical examination from a fire department approved physician.**

PLEASE INCLUDE A \$1.00 PROCESSING/ FIRST YEAR DUES FEE IN CASH WITH THE RETURN OF THIS APPLICATION PACKET. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE ACCOMPANYING FEE.

Certification, Authorization and Agreement

“ I certify that the information supplied by me on this application form, is true and complete and does not contain any falsification, omissions, or concealments of material fact. I authorize the Upper St. Clair Volunteer Fire Department (hereafter referred to as USCVFD) or their designee to investigate the truth of this information and of any other information I may supply during a pre-acceptance interview. I further authorize every school, employer, person and agency identified by me on this form to release any and all verifying information the USCVFD may solicit from it or them. I further authorize the USCVFD to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part because of information contained in a criminal history records report, the USCVFD will so advise me.”

“ I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form from liability for any damage or injury to me arising out of the release of information requested by the USCVFD”

“I understand and agree that the USCVFD’s acceptance of this application does not constitute any promise, express or implication, that I will be accepted as a member. I further understand that the USCVFD does not guarantee anyone acceptance for any length of time. I therefore agree that, if I am accepted, my tenure may be terminated by either me, or by the USCVFD at anytime, prior to the expiration of my probationary period, without notice of cause.”

“I further understand and agree that any offer of acceptance the USCVFD may make to me (and if I am accepted as a member, my continued tenure) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent upon me taking and passing physical examinations and drug tests”

“I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my ability to work for the USCVFD in any way”

“I hereby acknowledge that I have read this section of the application for membership for the USCVFD and fully understand the meaning and effect of signing this form.”

Signed: _____ Date: _____

USC-VFD Application Form
General Applicant Information

Junior Membership _____ Associate Membership _____ Active Membership _____

Full Name: (Last, First, Middle)

Social Security Number

Address:

Date of Birth

E-Mail Address: _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Emergency Contact _____

Relationship _____ **Phone** _____

State any other names by which you are known _____

(Nickname, initials, middles as firsts)

DRIVERS LICENSE NUMBER: _____ **State:** _____

(Note, if you do not currently possess a valid license, please explain why)

Suspensions Yes ___ No ___

Revocations Yes ___ No ___

Background Information

Have you ever been: arrested, convicted, imprisoned, placed on probation or parole? If yes explain (on attached sheet) Yes ___ No ___

State whether you are a United States Citizen? Yes ___ No ___

If under age 18, do you have a work permit? Yes ___ No ___
(If the answer is no, explain on attached sheet)

Have you ever held any position with USC-VFD before? Yes ___ No ___

Have you ever held a position with any other volunteer or paid fire department? Yes ___ No ___
If yes, state what position, which department and date(s): _____

The following section pertains to Junior Membership Applicants ONLY

If you are between the ages of 16 and 18 you are applying for JUNIOR membership. Please take note that as a JUNIOR member you have limitations on what you can and cannot do at emergency scenes and at either of the fire station locations. An individual applying for JUNIOR membership MUST have parental or guardian consent to apply for membership. No exceptions will be made. If at anytime, the parent or guardian wishes to terminate their child's membership, they must submit their request, in writing to Board of Directors, stating the reasons for the requested termination of their child's membership. ANY member under the age of 18 MUST obtain a workers permit prior to any appointment to a junior fire fighting position. **NOTICE TO PARENT or GUARDIAN:** by your signature below you are authorizing the Upper St. Clair Volunteer Fire Department to conduct a background investigation on your child, in addition you are also acknowledging that even though the Upper St. Clair Fire Department does not directly see any confidential information regarding your child from the Police Department, the USC-VFD does strongly follow the Police Department's recommendation as to any convictions or criminal complaints on file against the applicant. Additionally by signing this application, you are releasing the Township of Upper St. Clair, the Upper St. Clair Volunteer Fire Department and ALL of their representatives or employees from any legal responsibility due to any injury caused to/suffered by your child while on Township of Upper St. Clair property in or about township vehicles, on the Upper St. Clair Volunteer Fire Department's property in or about the department's vehicles or while acting in the performance of official duties. If such an injury occurs to your child while performing official duties as a fire fighter for the Township of Upper St. Clair, a workers compensation program covers medical treatment for any injury sustained while performing official firefighting duties. Finally, we at the USC-VFD take pride in our members' success both as an individual and within the department. Your child will be gaining an experience of a lifetime, he/she will be under supervision of trained fire fighters, and by state law at no time is anyone under the age of 18 is permitted to engage in live fire, hazardous material, operation of department vehicles or mass casualty situations. Your son or daughter is about to become a part of an organization which helps build moral character, confidence and most importantly self-respect.

Parents Signature for approval for junior membership to the USC-VFD

(Signed Name) _____ Date _____

(Print Name) _____

Name of High School attended by your child: _____

Childs current level: _____

Your Child's Current GPA: _____

WORK EXPERIENCE

NAME: _____

If current employer may we contact? ___ Yes ___ No

Employer: _____

Employers Address: _____

Job Title: _____

Employers Phone Number: (____) _____ - _____

Position Status: ___ Full Time ___ Part Time (____ hours per week)

Detailed description of your duties and responsibilities:

Date of Employment: From ____ / ____ / ____ to ____ / ____ / ____

Reason for leaving: _____

NAME: _____

If current employer may we contact? Yes No

Employer: _____

Employers Address: _____

Job Title: _____

Employers Phone Number: (____) _____ - _____

Position Status: Full Time Part Time (____ hours per week)

Detailed description of your duties and responsibilities:

Date of Employment: From ____ / ____ / ____ to ____ / ____ / ____

Reason for leaving: _____

NAME: _____

If current employer may we contact? Yes No

Employer: _____

Employers Address: _____

Job Title: _____

Employers Phone Number: (____) _____ - _____

Position Status: Full Time Part Time (____ hours per week)

Detailed description of your duties and responsibilities:

Date of Employment: From ____ / ____ / ____ to ____ / ____ / ____

Reason for leaving: _____

EDUCATION

Applicant's highest level of education completed

Some HS **HS Diploma** **Associates** **Bachelors** **Higher** **Trade School**

Other Job Qualifications

Job-Related training courses (state year and title). **Job-Related** skills (Other languages, computers, machinery, typing speed, etc...) **Job-Related** certificates and licenses (current only). **Other accomplishments** (give dates and titles but do not attach documents unless requested).

Please explain why you would like to become a member of the Upper St. Clair Volunteer Fire Department please also explain what benefits you feel you can contribute to our mission and success.

Are there any limitations or restrictions which would limit you from fulfilling active duty as a fire fighter? Yes ___ No ___
(If yes, please provide details below.)

Applicant Certification

I certify, that to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. **I understand** that false or fraudulent information on or attached to this application may be a basis for denying my acceptance to or my removal from the department after my appointment. **I understand** that any information I give may be investigated.

Signature _____ Date Signed _____

FOR USC-VFD USE ONLY

Date Received: ____/____/____

Date Read at business meeting: ____/____/____

Processing fee received: Yes or No

Pass Agility Test: Yes or No

Background Investigation complete: Yes or No

Pass Physical: Yes or No

BOD Interview Date: ____/____/____ BOD Approval: Yes or No

Vote date: ____/____/____

Membership Approval: Yes or No

Date In Service: ____/____/____



USC-VFD CRIMINAL BACKGROUND INVESTIGATION REQUEST INFORMATION

Full Name (Last, First, Middle)

Social Security Number

Address

Date of Birth

Other residential addresses during the past 10 years

Years

Driver's License Number _____ **State:** _____

Male ___ **Female** ___

I certify, that to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. **I understand** that false or fraudulent information on or attached to this application may be a basis for denying my acceptance to or my removal from the department after my appointment. **I understand** that any information I give may be investigated.

Print Name _____

Signature _____ **Date** _____

Parent's Signature _____ **Date** _____