



SOUTHAMPTON FIRE COMPANY No. 1

925 Street Road
Southampton, Bucks County
Pennsylvania 18966
Phone: 215-355-6353
www.southamptonfire.com

- Senior Firefighter
(18 years of age or older)
- Junior Firefighter
(14-17 years of age)
- Fire Police Officer
- Non-Responding Member

APPLICATION FOR MEMBERSHIP

Please write clearly and legibly.

Date of Application: _____

PERSONAL INFORMATION

Name: _____

Address: _____

Home Phone #: _____ Sex: _____

Email Address (optional): _____

Number of years living at current residence: _____

Previous Address: _____
(If less than 5 years at current address)

Activities: _____
(Other than Religious)

Have you ever been arrested? Yes No

EMPLOYMENT INFORMATION

Present Employer: _____

Address: _____

Occupation: _____ Number of Years with this Employer: _____

Immediate Supervisor: _____ Phone #: _____

GENERAL INFORMATION

Have you ever applied to the Southampton Fire Company before? Yes No

If yes, when? _____

If yes, explain: _____

Do you now, or did you ever, belong to another Fire Company, Ambulance Corp. or Rescue Squad:

If yes, provide name: _____

If yes, provide dates of service: _____

REFERENCES:

Give the names of at least three persons, at least 18 years of age, not related to you, whom you have known at least one year. Only one of the references may be a current Southampton Fire Company member. **Complete names and addresses are needed to continue application process.**

Name	Address, City, State, Zip	Years Known	Phone #

EDUCATION:

Have you had any training in Fire Fighting, First Aid, Rescue Work, or other areas that may benefit the company (computer programming, CPA, etc.) Yes No
If yes, explain:

Highest education level achieved: _____

RELEASE AUTHORIZATION:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection.

Signature: _____

SOUTHAMPTON FIRE COMPANY #1 USE ONLY:	
Received by: _____	Date Received: _____