

APPLICATION FOR LEVITTOWN FIRE CO NO 2:

- 1.) FIRST 4 PAGES MUST BE FILL OUT COMPLETELY
- 2.) PAGE 5 IS THE PSP CRIMINAL RECORD CHECK. ALL INFORMATION UNDER PART 1 MUST BE COMPLETED
IE NAME, SS#,DOB,SEX,RACE
- 3.) PAGE 6 OF THIS APPLICATION. FILL IN ALL AREAS OF SECTION 1. LEAVE SECTION 2 *AND THE SEVENTH PAGE BLANK*. YOUR SIGNATURE MUST BE PRESENT ON THIS FORM AT THE END OF SECTION 1.
- 4.) A CHECK, CASH, OR MONEY ORDER MADE PAYABLE TO LEVITTOWN FIRE COMPANY NO. 2 IN THE AMOUNT OF \$25.00 MUST BE TURNED IN WITH COMPLETED APPLICATION TO THE MEMBERSHIP COMMITTEE.
- 5.) UPON RETURN OF THE BACK GROUND CHECK YOU WILL BE SENT A COPY OF THE CHILD ABUSE REPORT FROM THE STATE . NOTIFY THE FIRE HOUSE WHEN YOU RECIEVE THIS REPORT TO FINISH THE APLLICATION PROCESS. YOU WILL BE TOLD TO COME TO THE FIRE HOUSE ON THE FIRST TUESDAY OF THE MONTH AT 7:30 TO MEET WITH THE ELECTIVE OFFICALS OF THE COMPANY. THE COMMITTEE CAN BE REACHED AT 215-945-4930 OR 215-945-9857

Background Information

Are you a citizen of the United States? yes no

Do you have a police record? yes no

if yes, list date, offense, circumstance and location of incident: _____

In accordance with the American's with Disabilities Act, do you have any physical disabilities or limitations requiring special considerations? yes no

if yes, please explain: _____

Driving Information (must be filled in)

Do you have a valid operators License? yes no

Do you have a commercial drivers license yes no

issuing state

operator number

class

endorsements

Current Employment

Company Name

Position

Years/months

Street Address

city,town

state

Current Supervisor

phone number

Personal References (list three whom you known at least two years)

name

address

phone number years known

Previous Fire Department Membership

_____ Name of Department	_____ Chief's Name	_____ Dates of Membership
_____ Name of Department	_____ Chief's Name	_____ Dates of Membership

Previous Fire Service Experience

Firefighter 1: _____
Location of Training or Issuing Facility and Date of Certification

Firefighter 2: _____
Location of Training or Issuing Facility and Date of Certification

Certificate _____
Location of Training or Issuing Facility and Date of Certification

Certificate _____
Location of Training or Issuing Facility and Date of Certification

Do you have a current Hazardous Materials Certification? yes no

if yes, indicate level and date of certification _____

Do you have any previous EMS training? yes no

if yes, indicate level and date of certification _____

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY
(LEAVE BLANK)**

TYPE OR PRINT LEGIBLY WITH INK

PART I: TO BE COMPLETED BY REQUESTER

DATE OF REQUEST:

(INFORMATION WILL BE MAILED TO REQUESTER ONLY)

NAME OF REQUESTER: <u>Levittown Fire Co No 2</u>			
ADDRESS: <u>6 COUNTY WAY</u>			
CITY: <u>Levittown</u>	STATE: <u>Pa</u>	ZIP: <u>19058</u>	

AREA CODE: CONTACT TELEPHONE NUMBER:

215	945	9857
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REQUESTER IDENTIFICATION: (CHECK ONE BLOCK)

- INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE.
- FEE - EXEMPT NONCRIMINAL JUSTICE AGENCY
- ***DO NOT SEND CASH OR PERSONAL CHECK*****

NAME/SUBJECT OF RECORD CHECK: (LAST) (FIRST) (MIDDLE)

MAIDEN NAME AND/OR ALIASES:	SOCIAL SECURITY NUMBER (SOC):	DATE OF BIRTH (DOB):	SEX:	RACE:
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REASON FOR REQUEST: (CHECK ONE BLOCK)

- EMPLOYMENT
- FIREARMS PROHIBITION CHALLENGE
- INDIVIDUAL ACCESS AND REVIEW BY SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE (AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)
- OTHER (SPECIFY) _____

NOTE: A "NO RECORD" RESPONSE MAY TAKE THREE WEEKS TO PROCESS; A "RECORD" RESPONSE TAKES LONGER THAN A "NO RECORD" RESPONSE. IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER.

<p>REQUESTER CHECKLIST:</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE? (CERTIFIED CHECK/MONEY ORDER)</p> <p align="center">*** DO NOT SEND CASH/PERSONAL CHECK***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO:</p> <p>PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY-164 1800 ELMERTON AVENUE HARRISBURG, PENNSYLVANIA 17110-9758 (717) 783-9573</p>
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PART II: CENTRAL REPOSITORY RESPONSE *****DO NOT WRITE BELOW THIS LINE*****

<p>INFORMATION DISSEMINATED:</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p>INQUIRY/DISSEMINATED BY:</p>	<p>SID NO:</p>
<p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED SOLELY ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>CERTIFIED BY:</p> <p align="right">(DIRECTOR, CENTRAL REPOSITORY)</p>	

The response is based on a comparison of data provided by the requester in Part I against information contained in the files of the Pennsylvania State Police Central Repository only. The Pennsylvania State Police response does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.

COMPLETE SECTION 1 ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME
STREET
CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE DATE OF BIRTH DAYTIME PHONE NO.

SEX COUNTY YOU LIVE IN

M F

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

1 (FIRST, MIDDLE, LAST)

2 (FIRST, MIDDLE, LAST)

3 (FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- CHILD CARE
- FOSTER CARE
- ADOPTION
- SCHOOL

VOLUNTEERS - A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FD-258).

CWEP (Community Work Experience Program Participant)

SIGNATURE OF CAO REP

CAO PHONE NO.

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS: List everyone who lived with you at anytime since 1975 to the present.

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II

RESULTS OF HISTORY CHECK

APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.

APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.