



Mt Lebanon Volunteer Fire Company, Inc.
Application for Volunteer Professional

Applicant Information

Full Name:

Last

First

MI

Birth Date:

Application Date:

Address:

Street Address

Apt/Unit

City

State

ZIP

Phone:

Email:

Are you a Citizen of the United States? Yes No

If no, Are you authorized to work in the U.S.? Yes No

Are you at least 18 years of age? Yes No Are you a Mt Lebanon Resident? Yes No

Have you been convicted of a felony? Yes No

Education

High School:

From:

To:

Did you graduate? Yes No

College :

Degree:

From:

To:

Did you graduate? Yes No

Other:

Degree:

From:

To:

Did you graduate? Yes No



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References

Full Name:	Relationship:
Company:	Phone:
Address:	
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Full Name:	Relationship:
Company:	Phone:
Address:	
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Full Name:	Relationship:
Company:	Phone:
Address:	
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Previous Employment

Company:	Phone:			
Address:	Supervisor:			
Job Title:				
Duties:				
From:	To:	May we contact your supervisor?	Yes	No
Company:	Phone:			
Address:	Supervisor:			
Job Title:				
Duties:				
From:	To:	May we contact your supervisor?	Yes	No
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Military Service

Did you serve in the military? Yes No
Branch: From: To:
Rank at Discharge: Type of Discharge:
If other than honorable, explain:

Prior Fire or EMS Service Experience

Organization: Phone:
Address: Supervisor:
Job Title: May we contact your supervisor? Yes No
Duties:
From: To: Do you have Firefighter I? Yes No
Reason for leaving:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.

Signature: Date:

Mt. Lebanon, Pennsylvania Background Report Request

The following section must be entirely completed. Any information omitted will result in the return of the application to the requesting department.

APPLICANT: ASK FOR INSTRUCTIONS ON WHERE TO RETURN THIS FORM

Date: _____

Last Name: _____

Middle Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Date of Birth: ____/____/____

Social Security #: _____-_____-_____

Driver's License #: _____ State: _____

Will applicant submit to a background Investigation? (____) Yes (____) No

Signature of Applicant

The following section is to be completed by Department Supervisor. Incomplete application/request will be returned to Department Supervisor.

Requested by:

Communications 911
Fire
Rec Center
Traffic

DPW
Library
Rec Department
Other _____

Finance
Magazine
Tax

Supervisor: _____

Phone: _____

_____ Level One*

_____ Level Two*

_____ Level Three

- All Level One and Level Two backgrounds MUST include a copy of the original application.
- Please submit this form to the Investigative Services Unit, Mt. Lebanon Police Department.

This section completed by MLPD/ISU:

Checked by Detective _____ Investigative Services Unit, Mt. Lebanon Police Department

ALERT: Results _____
AC Crim: Results _____
Meghan's Law: Results _____
DL: Results _____

DISCLOSURE REGARDING CONSUMER REPORTS AND
AUTHORIZATION TO PROCURE SAME

Pursuant to the Consumer Credit Reporting Act, as amended by the Consumer Credit Reform Act of 1966 ("CCRA"), an employer may obtain from a consumer reporting agency a copy of an employee's or an applicant's consumer report. A consumer report, as defined by the CCRA, means any written, oral or other communication of any information by the consumer reporting agency bearing on the consumer-employee/applicant's reputation, personal characteristics, or mode of living where, by way of example but no limitation, such communication is used or expected to be used in whole or in part for the purpose of serving as a factor in establishing the employee/applicant's eligibility for employment purposes. Any consumer report so obtained may not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

By signing this authorization, I, _____, hereby authorize Mt. Lebanon, Pennsylvania to obtain a copy of my consumer report from an applicable consumer reporting agency and to use such consumer report for employment purposes only.

Dated

Signed