



NOTICE TO APPLICANTS

Effective January 1, 2015:

The Alpha Fire Company will no longer accept applications from First Term Freshmen enrolled at any institution of higher learning.

If you are a First Term Freshman, you are invited to submit your application in time to begin Alpha participation in your second academic term.

Dates for application submissions:

- To start in February: Your application must be received by us NO LATER than November 15th.
- To start in June [Non Students]: Your application must be received by us NO LATER than May 1st.
- To start in September: Your application must be received by us NO LATER than Aug 1st.

Note: Applications received after the cut-off date listed will be held for the next application period.



APPLICATION FOR MEMBERSHIP

Print Last Name

Please Review the "Alpha Volunteer Requirements" Prior to Completing this Application.

Check the Membership Type that best describes you:

TYPE I Member: A resident of State College Borough, College Township, Ferguson Township, or Patton Township and NOT a student at Penn State.

TYPE I Member: A Penn State student enrolled at University Park.

TYPE II Member: A person with significant social or work ties to the Centre Region, but not a resident of State College Borough or the Townships of College, Ferguson, or Patton.

TYPE III Member: A person who meets the criteria of Type I or Type II membership AND holds Firefighter I Certification (ProBoard or IFSAC) AND who desires to be a Live-In at the start of his/her probationary period.

TYPE IV Member: A person who will be serving the Company in a support role only. Examples include: Chaplain, Photographer, Accountant, Attorney, etc.

The Investigating Committee will verify the proper membership classification at the time of your interview.

For Office Use Only:

Date Application Received: _____

Background check completed: _____

Date Application to Investigating Committee: _____

Date of Interview: _____

Date of Executive Board Review: _____

Final Disposition: Accept Reject

EMPLOYMENT HISTORY

Please list your past three employers starting with the most recent:

1. Dates of Employment: From ____/____/____ To ____/____/____
mm dd yyyy mm dd yyyy

Employer Name: _____

Employer Address: _____

Supervisor Name: _____ Phone: _____

Type of Work Performed: _____

Reason for Leaving: _____

2. Dates of Employment: From ____/____/____ To ____/____/____
mm dd yyyy mm dd yyyy

Employer Name: _____

Employer Address: _____

Supervisor Name: _____ Phone: _____

Type of Work Performed: _____

Reason for Leaving: _____

3. Dates of Employment: From ____/____/____ To ____/____/____
mm dd yyyy mm dd yyyy

Employer Name: _____

Employer Address: _____

Supervisor Name: _____ Phone: _____

Type of Work Performed: _____

Reason for Leaving: _____

CERTIFICATIONS and TRAINING

Please attach a copy of your certificates. DO NOT attach originals.

<input type="checkbox"/> Firefighter I	<input type="checkbox"/> Basic Fire Police	<input type="checkbox"/> CPR
<input type="checkbox"/> Firefighter II	<input type="checkbox"/> Adv. Fire Police	<input type="checkbox"/> First Resp.
<input type="checkbox"/> Haz Ops	<input type="checkbox"/> Haz Awareness	<input type="checkbox"/> EMT _____ (level)

Other Certifications and Training: _____

PERSONAL REFERENCES

Please list three character references. Do not list relatives, employers, or current members of the Alpha Fire Company. Do not list any references from prior pages of this application.

1. Name and Address: _____

Relationship to You: _____

Phone: _____ Email: _____

Reference's Occupation: _____

2. Name and Address: _____

Relationship to You: _____

Phone: _____ Email: _____

Reference's Occupation: _____

3. Name and Address: _____

Relationship to You: _____

Phone: _____ Email: _____

Reference's Occupation: _____

APPLICANT AFFIDAVIT

I affirm that the information I have supplied in this application is correct to the best of my knowledge. I am aware that furnishing incorrect or misleading information automatically renders me ineligible for membership with the Alpha Fire Company. I give my permission for this application to be kept on file and to be used as a permanent record upon being accepted for membership in the Alpha Fire Company.

Candidate Signature mm / dd / yyyy

I authorize the Alpha Fire Company or its agent to review my background by making inquiries to police agencies, employers, references, fire companies/departments, fire training academies, certification agencies, and educational institutions as deemed necessary by the Alpha Fire Company. I further authorize my past and present employers to release any information regarding my employment with them.

Candidate Signature mm / dd / yyyy

For questions or assistance with this application, please contact the Alpha Fire Company Investigating Committee at 814-237-5359.

PLEASE COMPLETE THE ATTACHED MARKETING SURVEY AND RETURN IT WITH YOUR APPLICATION.

THANK YOU FOR YOUR APPLICATION

PLEASE.....

Help us spend our advertising dollars wisely by answering these questions:

Where have you seen our advertising or learned about Alpha Fire?

Alpha Web Site YES NO

Newspaper YES NO

Magazine YES NO Do you recall which one? _____

Poster Display YES NO Do you recall where? _____

At a sporting event YES NO Do you recall which event? _____

Radio YES NO Which Station? _____

Television YES NO Which show or station? _____

Facebook YES NO

Other (Please specify) _____

Where did you get most of your information about our Company? _____

Were you referred to us by a Friend or Relative? YES NO

THANK YOU FOR YOUR ASSISTANCE!