

# LONGWOOD



## FIRE COMPANY

1001 E. Baltimore Pike  
Kennett Square, PA 19348

Emergency Number: 9-1-1  
Info Number: (610) 388-6880  
Ambulance Info: (610) 388-0515  
FAX (610) 388-7121

Thank you for your interest in Longwood Fire Company.

Completing this application packet is the first step in becoming part of this proud organization that dates back to 1921 and helps thousands of people in need each year.

Here at LFC, we have something for everyone. Our members include students, medical professionals, law enforcement officials, businessmen and women, financial consultants, computer technicians, and more. Wherever you have skills, we can use them.

There are three tiers of membership for prospective applicants – active, social/general, and junior.

**Active** members are the men and women you see responding to accidents and house fires, keeping watch at community events, and serving as fire police, for example. They hold positions on the emergency service crews.

**Social**, or general, members have social privileges of LFC's building, grounds and recreational equipment but do not generally answer emergency calls or ride on emergency vehicles.

**Junior** members are for 16- and 17-year-olds who desire to be a part of the fire company.

Once you complete the application packet and return it, along with \$5, your application will be read before the fire company at two consecutive monthly meetings. During that time the office manager will be in touch with you to let you know how everything is proceeding.

If you are applying for active membership, you will be asked to attend an officers' meeting before your application is given a second reading before the company.

After your application is given a second reading and accepted, we will contact you so you can complete additional paperwork.

If you have any questions along the way, please do not hesitate to contact us Monday through Friday at (610) 388-6880 or by sending an e-mail to

Sincerely,

The Membership Committee  
Adam Cressman  
Paul Agostini  
Monica Thompson Fragale



# Longwood Fire Company

## Membership Application



**If acceptance is granted, I would like to become:**

An active member     
  A general member     
  A junior member

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Maiden/alias name: \_\_\_\_\_

Current address: \_\_\_\_\_

Place of birth: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's license # and state issued in: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work phone: \_\_\_\_\_

Current employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's phone number: \_\_\_\_\_

### INTERESTS AND CERTIFICATIONS

Please list your interests, especially as they might relate to the fire company,  
and any fire-, rescue- or EMS-related certifications you may hold.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

### FOR OFFICIAL USE ONLY

First reading: \_\_\_\_\_ Second reading: \_\_\_\_\_ Officers' meeting: \_\_\_\_\_  
 Paperwork returned: \_\_\_\_\_ Background check: \_\_\_\_\_ Gear issued: \_\_\_\_\_  
 Red/blue light issued: \_\_\_\_\_ Dues paid: \_\_\_\_\_ Active No. \_\_\_\_\_

Accepted
Rejected

**Have you ever been denied membership with this or any emergency service organization? If yes, explain.**

When: \_\_\_\_\_

Where: \_\_\_\_\_

**Have you ever been arrested for a misdemeanor or felony, traffic violation or any criminal violation?**

YES NO

If yes, please explain. \_\_\_\_\_

**Have you ever been convicted of arson?**

YES NO

#### REFERENCES

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### STATEMENT OF UNDERSTANDING

*I submit this application, along with \$5, with the understanding that it must be presented to the next regular meeting of membership. I understand this application will be voted upon by the membership at the following regular meeting and that, if approved, I will submit all required paperwork, and I will also be required to meet with the officers before the application process is officially completed. I agree to abide by the constitution, by-laws and all rules and regulations of the Longwood Fire Company. I hereby also authorize the membership committee to contact my references and to complete a criminal background and driving record check on me.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of recommending member: \_\_\_\_\_ Date: \_\_\_\_\_

---

NOTICE AND AUTHORIZATION  
UNDER FAIR CREDIT REPORTING ACT

---

Longwood Fire Company is hereby notifying you in accordance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, that Longwood may obtain a consumer report on you for employment purposes. A "consumer report" means any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is to be used or collected, in whole or in part, for the purpose of serving as a factor in establishing the consumer's eligibility for (among other things) employment. Two types of consumer reports are a Motor Vehicle Report and Criminal Background Report. **The two types of consumer reports that Longwood Fire Company will request on you are a Motor Vehicle Report and a Criminal Background Report.** Please print and sign your full name below, and add your Social Security Number and date of birth for identification purposes, to authorize Longwood to request a motor vehicle report and criminal background report on you at any time after you sign this authorization.

I hereby authorize Longwood Fire Company to obtain a motor vehicle report and a criminal background report on me.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of birth



The Risk Consulting Company  
Kroll Background America, Inc.

SCHEDULE F

**NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A  
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize Longwood Fire Co. by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. ("KBA")**, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with \_\_\_\_\_ for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications (to include GPA); personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Longwood Fire Company, by and through KBA, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to KBA, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY**

Printed Name: \_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, nickname) \_\_\_\_\_

YEARS USED \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street / P. O. Box City State Zip Code County Dates

Former Address: \_\_\_\_\_  
Street / P. O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

\* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.



# REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

**DO NOT SEND CASH**

**PRINT OR TYPE ALL INFORMATION LEGIBLY**

**SEE REVERSE FOR INSTRUCTIONS / INFORMATION**

**CHECK (✓) ONE ONLY:**

- BASIC INFORMATION: \$5.00 FEE (Driver history is not included)
- 3 YEAR DRIVER RECORD: \$5.00 FEE
- 10 YEAR DRIVER RECORD: \$5.00 FEE (Employment Purposes Only)

- CERTIFIED DRIVER RECORD: \$10.00 FEE
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<p><b>A REQUESTER INFORMATION</b></p> <p>NAME/COMPANY <b>Kroll Background America, Inc.</b></p> <p>ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> <b>1900 Church Street, Suite 300</b></p> <p>CITY STATE ZIP CODE <b>Nashville TN 37203</b></p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) <b>(800) 697-7189</b></p> <p>RELATIONSHIP TO DRIVER (REQUIRED) <b>Background Screening</b></p> <p>SIGNATURE <b>X</b> NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</p>	<p><b>B END USER OF INFORMATION BEING REQUESTED</b></p> <p>NAME/COMPANY <b>LONGWOOD FIRE COMPANY</b></p> <p>ADDRESS (PO Box not acceptable), need to provide physical location of business/residence <b>1001 BALTIMORE PIKE</b></p> <p>CITY STATE ZIP CODE <b>KENNETT SQUARE PA 19348</b></p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) <b>610-388-16880</b></p> <p>RELATIONSHIP TO DRIVER (REQUIRED) <b>Employer/Prospective Employer</b></p>
<p><b>C DRIVER INFORMATION</b></p> <p>NAME: LAST FIRST INITIAL</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE ZIP CODE</p> <p>PHONE NUMBER</p> <p>DRIVER NUMBER</p> <p>DATE OF BIRTH SOCIAL SECURITY NUMBER</p> <p>MONTH DAY YEAR</p>	<p><b>D AFFIDAVIT OF INTENDED USE</b></p> <p>Intended Use of the Information Requested: CHECK ONLY ONE</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> B = Driver Release (Driver must complete Section E.)</li> <li><input type="checkbox"/> C = Credit (In connection with a credit transaction involving the driver.)</li> <li><input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)</li> <li><input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.</li> <li><input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).</li> <li><input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)</li> </ul> <p>I hereby Certify that <b>Kroll Background America, Inc.</b> <small>PRINTED NAME OF REQUESTER</small></p> <p>will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 PA C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.</p> <p><b>X</b> <small>SIGNATURE OF REQUESTER</small></p> <p>Title <b>Database Researcher</b></p>
<p><b>E DRIVER RELEASE</b></p> <p>I _____ hereby request <small>NAME OF DRIVER</small></p> <p>the Department of Transportation to furnish a copy of my PA Driver's Record to _____ <small>NAME OF PERSON/COMPANY</small></p> <p><b>X</b> <small>SIGNATURE OF DRIVER</small> DATE _____</p>	<p><b>F MICROFILM</b></p> <p>TYPE OF DOCUMENT DATE OF VIOLATION</p> <p>(see list of available documents below)</p> <p><b>Documents Available:</b></p> <ul style="list-style-type: none"> <li style="width: 50%;">• Citations</li> <li style="width: 50%;">• Suspension Credit Affidavits</li> <li style="width: 50%;">• Court Certifications</li> <li style="width: 50%;">• Suspension/Revocation Letters</li> <li style="width: 50%;">• Applications</li> <li style="width: 50%;">• Restoration Letters</li> <li style="width: 50%;">• License Renewals</li> <li style="width: 50%;">• Rescind Letters</li> <li style="width: 50%;">• Judgments</li> <li style="width: 50%;">• Department Hearing or Exam Notice</li> </ul>
<p><b>NOTARIZATION</b></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR</p> <p><b>X</b> <small>SIGNATURE OF PERSON ADMINISTERING OATH</small></p> <p><b>S E A L</b> SIGN IN PRESENCE OF NOTARY</p>	

MESSENGER NO.