

### *Application Packet*

Thank you for your interest in the Singerly Fire Company, we appreciate your interest and are eager to begin the application process. To proceed with the Application Process please review this Application Packet, complete and return all items requested. An Application Check List is included to ensure that items are not forgotten.

The American Fire Service is a proud tradition that was built with and continues today because of Volunteers all around the nation. We are honored that you have chosen Singerly and glad that you have taken the first step towards building upon this great legacy.

As a volunteer you can choose any combination of Fire, Emergency Medical Services (EMS) or Administrative specialty; Training for Fire and EMS provides college credits and is provided free of charge to the volunteer through the University of Maryland's Fire and Rescue Institute (MFRI) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS). Administrative members are able to share skills developed through personal and professional experiences to help keep the Singerly Fire Company moving forward.

Volunteering at Singerly takes a tremendous commitment, with over 200 hours of formal classroom training and in the field clinical training hours to receive an initial EMT Certification and over 100 hours of formal classroom and hands on training obtain a Firefighter 1 Certification; and that's just the beginning. The Certifications possibilities are endless and volunteers spend countless hours every year training to refresh their skills, obtain new certifications and fine tune their skills.

Singerly handles nearly 1500 Fire/Rescue incidents and nearly 5000 EMS incidents each year, this call volume creates the need to constantly bring in new members that are eager to training, prepare for incidents and provide a service to the community. Apparatus, Equipment and Supplies must be routinely inspected to ensure its optimal working condition to support the efforts of mitigating these incidents.

Upon completion of the Application Packet, it can be placed in the secure Application Drop Box on the address side of any of the Station at 300 Newark Ave or dropped off in person to personnel within the station. It is of the utmost importance that all forms be completed to their fullest extent and all requirement documents attached, as applications that are not complete will not be processed.

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What should I expect next? Singerly welcomes new members every other month on odd months. In order to be considered on an odd month, please refer to the schedule below on when your application should be received by.

Application must be received by	To be considered for the Board Meeting in
December 1	January
February 1	March
April 1	May
June 1	July
August 1	September
October 1	November

PLEASE BE ADVISED – An email address is required. All communication regarding your application will be sent to the email address supplied on your application. Please be sure to check your junk mail boxes for emails from Singerly regarding your application.

Any questions, please reach out to [membership@singerly.com](mailto:membership@singerly.com)



**Singerly Fire Company – Application for Membership**

**Employment Record** – Please list Current Employer and All Former Employers for the last five (5) years. You may use additional paper to continue your response. Please include your name on all additional pages.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

**Singerly Fire Company – Application for Membership**

**Previous Fire Company / EMS Company Experience – Past 5 years (add additional sheets of paper if more space is needed)**

**\*\*A letter on company letterhead must be submitted with the application for each department\*\***

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Membership Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Membership disposition: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Membership Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Membership disposition: \_\_\_\_\_

**References**

1. Name: \_\_\_\_\_ Relation / Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation / Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation / Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Except for minor traffic violations, have you been arrested or charged in connection with any violation of any law:

\_\_\_\_ Yes      \_\_\_\_ No                      Were you convicted?      \_\_\_\_ Yes      \_\_\_\_ No

Disposition and Dates \_\_\_\_\_

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

I, \_\_\_\_\_, declare that statements in this application and in accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

# Singerly Fire Company

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of, and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of Singerly Fire Company, whether said records are of public, private or confidential nature, and regardless if the information may be derogatory in nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, (including credit reports and/or ratings); employment and pre-employment records including background check, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records; financial statements and records including criminal and/or traffic records; records of complaints of a civil nature made by or against me wheresoever located, to include the records of recollections of attorneys at law or of other counsel, whether representing me or another person in any other case in which I presently have, or have had an interest. It is my specific intent, therefore, to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein for the purpose of determining suitability for employment with Singerly Fire Company.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon the Release Authorization will be considered in determining my suitability for employment by Singerly Fire Company.

I agree to indemnify and hold harmless the person to whom the request is presented and his/her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the source of confidential information cannot be revealed to me. A photocopy of the release form will be as valid as an original hereof; even though said photocopy does not contain an original writing of my signature.

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

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Witness: \_\_\_\_\_ (Printed) \_\_\_\_\_ (Signature)

**DISCLOSURE AND AUTHORIZATION  
FOR CONSUMER REPORTS**

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**APPLICANT'S FIRST NAME**

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**LAST NAME**

In connection with my application for employment (including contract or volunteer services) or application to rent a dwelling with Singerly Fire Company, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

**Authorization**

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: JD Palatine LLC ("Agency"), 301 Grant Street, Suite 4300, Pittsburgh, PA 15219, telephone number 1-877-745-8525, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.jdpalatine.com](http://www.jdpalatine.com).

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

JD Palatine LLC | 301 Grant St, Suite 4300 | Pittsburgh PA |15219

Telephone 877 745 8525 | Facsimile 412 837 2398

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted \_\_\_\_\_ / No, my current employer cannot be contacted \_\_\_\_\_

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

JD Palatine LLC | 301 Grant St, Suite 4300 | Pittsburgh PA |15219

Telephone 877 745 8525 | Facsimile 412 837 2398

First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By

Male

Female

Social Security Number

Primary Telephone Number

Current Address

Apt #

#yrs at this address

City

State

Zip Code

Previous Address

Apt #

#yrs at this address

City

State

Zip Code

Driver's License Number (no dashes)

License State

Email Address

Signature

Today's Date (MMDDYYYY)



*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357