

Whitehall Township Bureau of Fire

3219 MacArthur Blvd Whitehall, Pennsylvania 18052 Phone: 610-437-5524 Ext. 1129, 1164, 1166 Fax 610-437-6963 HONOR, COMMITMENT, DEDICATION



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Whitehall Fire Department Application

Date applying:	Position applying for	Assigned Station:			
Name: (Last, First and Middle Int.)					
	ome telephone:Cellular:				
Address:					
DOB:	Social Security I	Number			
Name of Wife or Husba	nd:				
Number of Children:	Ages of childr	en:			
Emergency Contact Nar	me:				
Emergency Contact Pho	one number:				
Relationship of contact	:				
Address of Relative:					
Relative Telephone:					
Your Occupation:		Hours of work			
Your Employer:					
Employers Address:					
		Supervisor:			
Previous Fire Affiliation	s:	Number of Yrs.:			
Time available for calls:	Days:	Nights:			
Recommended by:					
Name three references	not related:				
Name:	Phone #:	Yrs. Known:			
Name:	Phone #:	Yrs. Known:			
Name:	Phone #:	Yrs. Known:			
Fire, EMS training, or Sp	pecialty training that wou	ld benefit the department			

Vehicle Information:

PA. Driver's License Number:		Class:		
Restrictions:	_CDL: Yes:	or No:	If yes Type:	
Vehicles you are the Owner of:				
Make of Vehicle:		_model:	Yr.:	
Make of Vehicle: License plate #:	Color:			
Make of Vehicle:		model:	Yr.:	
License plate #:	Color:			
Make of Vehicle:			Yr.:	
Make of Vehicle: License plate #:	Color:			
Vehicle Insurance Company:				
Have you been convicted of an				
If yes, what year was the convi	ction and f	or what		

A criminal background check is required and can be done at no cost to the applicant at https://epatch.state.pa.us Please fill this out and submit under the Volunteer FD submission. Once you receive the results, they must be given to Whitehall Township Human Resource Officer.