



# KUTZTOWN FIRE COMPANY No. 1

Truck Crew  
310 Noble Street  
Kutztown, PA 19530

Emergency Phone – dial 911  
Station Phone – 610-683-8703  
Station Fax – 610-683-0866

## Background Investigation Waiver and Release Form

In connection with my application for volunteer membership with the Kutztown Fire Company Truck Crew, hereby known as “Kutztown Fire Department”, I understand that investigative reports may be requested that will include information as to my performance and experience along with reasons for termination of past employment or membership from previous employers or organizations. Further, I understand that information may be requested concerning my motor vehicle driving history and criminal history from various states, private insurance sources, along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed format from all liability resulting from the furnishing of this information. A photocopy of this Designation and Authorization for Release and Redislosure of Information shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Kutztown Fire Department and is received within one year of the signature date,

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for membership as a volunteer.

I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the Kutztown Fire Company, the Department and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation.

If I am denied membership, either wholly or partly because of information contained in resulting reports, a disclosure will be made to me of the name and address of the agency making such report. If the report contains information about me that is matter of public record, such as arrests, indictments or convictions, I may also be informed of the name and address of any person to whom the information is reported.

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

\_\_\_\_\_  
Parent/Guardian Signature (If under 18) Relationship Date

### APPLICANT INFORMATION – Please complete ALL blanks

\_\_\_\_\_  
Last Name First Name Full Middle Name Social Security Number

\_\_\_\_\_  
Maiden Name Other Names, Nicknames or Aliases used Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Present Address Number/Street/Quadrant City State Zip Code How Long

\_\_\_\_\_  
Previous Address (Within last 5 years) Number/Street/Quadrant City State Zip Code How Long

\_\_\_\_\_  
Driver's License Number State Issued Expiration Date Operator Commercial (CDL)

### Kutztown Fire Department Information:

Position Applying for: \_\_\_\_\_

Requested by: \_\_\_\_\_ Job Title: \_\_\_\_\_