

# Darby Fire Company No. 1

ORGANIZED JANUARY 27<sup>th</sup>, 1775

4 QUARRY STREET  
DARBY, PENNSYLVANIA 19023-0123

PHONE (610) 583-5111  
FAX (610) 583-2219

Dear Applicant,

Thank you for your interest in joining Darby Fire Company # 1

Enclosed you will find the following:

**Physical Exam Form** – this must be taken to your Doctor and filled out

**Application** – this must be filled out in its entirety, any information omitted will cause application to returned and slow the process of becoming a member down

Pennsylvania Child Abuse Background Check must be completed and Certificate with results must be provided with application. (See Step by Step process attached to application)

After the above have been completed please return them both in a sealed envelope along with a \$10.00 non-refundable fee for your first year of Company Due's.

After the Membership Committee has received your completed information they will review it, and then contact you for interview with the committee.

Typically the process takes about 30 days from the time you return your application.

Thank you for your interest in membership with Darby Fire Company # 1

The Darby Fire Company #1 does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

## Personal Information

**Membership Classification:** \_\_\_\_\_

Active / Training / Social

Name: \_\_\_\_\_

Last

First

Middle initial

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

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Drivers License # \_\_\_\_\_

State \_\_\_\_\_ Class \_\_\_\_\_

Marital Status \_\_\_\_\_

E-mail address where you can be contacted:

\_\_\_\_\_

### **Military information**

Are you a Veteran of the U.S. Military Service: Yes ( ) No ( )

Branch \_\_\_\_\_

Rank \_\_\_\_\_

Discharge status \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### **Employment**

Occupation: \_\_\_\_\_

Duties: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Years there: \_\_\_\_\_

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

Employer Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**LIST PAST EMPLOYERS IF YOU HAVE BEEN AT CURRENT  
EMPLOYMENT FOR LESS THAN FIVE (5) YEARS**

Past Employer: \_\_\_\_\_

Dates from: \_\_\_/\_\_\_/\_\_\_\_\_ to: \_\_\_/\_\_\_/\_\_\_\_\_

Past Employer: \_\_\_\_\_

Dates from: \_\_\_/\_\_\_/\_\_\_\_\_ to: \_\_\_/\_\_\_/\_\_\_\_\_

## **EDUCATION**

Name and location of High School attended:

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Did you graduate: Yes ( ) No ( ) Date Graduated: \_\_\_\_\_

G.E.D. Yes ( ) No ( )

***COPIES OF HS Diploma, GED or Transcripts must be  
included with return of application!***

List any Colleges, Business School, Technical Schools for Fire Service Training  
attended.

Name of School	Location	Course/Major	Dates Attended	Degree/certificate

**Use Additional Paper if needed**

## FIRE DEPARTMENT EXPERIENCE

Do you have any previous Fire Department experience:

Yes ( ) No ( )

If yes, name of the Department: \_\_\_\_\_

Type: Paid / Volunteer / Combination

City: \_\_\_\_\_

State: \_\_\_\_\_

Highest rank held: \_\_\_\_\_

Length of service: \_\_\_\_\_

Membership Status: \_\_\_\_\_

Training certifications obtained:

\_\_\_\_\_  
\_\_\_\_\_

Can you perform the essential job functions and duties of a  
Firefighter? Yes / No

## REFERENCES

Give the names of three (3) people, not members of Darby Fire Company #1 and not related to you, who know you through school, business or personal association.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

## **VIOLATIONS**

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? Yes / No

A conviction does not automatically disqualify you for membership. The type of conviction and how long ago it happened is important. Please give us all the facts:

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I understand that if I am offered membership in the Darby Fire Company # 1, such membership is contingent upon my supplying the proper identification and authorization documents required under the Immigration Control and Reform Act of 1986.

I hereby authorize the Darby Fire Company # 1 to conduct a personal background investigation including school attended, former and present employers (including present or past affiliations with a Fire/EMS organization) residences, named references, criminal and motor vehicle record check in connection with my application for membership.

I further understand that misrepresentation or omission of facts called for in the application process will result in denial for membership.

When turning in your completed application to Darby Fire Company #1 you must provide a copy of a State Issued Identification Card. If you are under the age of 18 a school I.D will be sufficient.



## Signature Page

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

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ 20 \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ 20 \_\_\_\_\_

***THIS PAGE IS FOR COMPANY USE ONLY AND MUST BE RETURNED WITH APPLICATION.***

**DEPARTMENT / COMPANY ACCEPTANCE OF APPLICANT**

The undersigned has confirmed that the applicant meets the Darby Fire Company #1 application for membership requirements. The applicant is 15 years of age or older and has completed the minimum educational requirements.

Application accepted on \_\_\_\_\_, 20\_\_\_\_ by  
 \_\_\_\_\_ Rank \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_\_

<i>Member Name:</i> _____ <i>Date accepted:</i> _____, 20_____ For Darby Fire Company #1 use only		
Date application received and by who:	Called for interview:	Interview Date and by Whom:
Date application read at meeting:	Approved as probationary member:	Approved as regular member:
DATE APPLICANT WAS RECORDED BY SECT/FINANCIAL SECT. ___/___/___		

***PLEASE FORWARD APPLICATION TO SECRETARY AND FINANCIAL SECRETARY TO RECORD***

***APPLICANTS INFORMATION AFTER APPLICANT IS  
APPROVED FOR MEMBERSHIP  
FINANCIAL SECT. TO FILE AFTER RECORDING INFO***

**This exam is to be completed by a Licensed Physician**

**Physical Examination**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Medical History**

List all pertinent Medical History:

\_\_\_\_\_  
\_\_\_\_\_

List all Medications taken daily:

\_\_\_\_\_  
\_\_\_\_\_

**Physical Exam**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

General Appearance: Good / Fair / Poor

Vision: RT Eye \_\_\_\_\_ LT Eye \_\_\_\_\_ with or without corrective lenses

Hearing: RT Ear \_\_\_\_\_ LT Ear \_\_\_\_\_

Cardiac: \_\_\_\_\_

Mouth / Throat / Neck: \_\_\_\_\_

Abdominal Area: \_\_\_\_\_

Hernia: \_\_\_\_\_ if Yes, Where? \_\_\_\_\_

Remarks:

Please list Vaccinations and Dates:

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Last PPD Test Date: \_\_\_\_\_ Result: \_\_\_\_\_

**I hereby certify that as a Practicing Physician in the State of PA the above applicant is physically and Mentally Fit to become a Firefighter or please attach a letter stating why the applicant cannot fulfill those duties as a firefighter or restrictions for such a position.**

Doctors Name:

Doctors Signature:

Office Address:

Office Phone Number:

Exam Date:

All information contained on this form will be kept confidential in accordance with Darby Fire Company # 1's record keeping procedures.

# STEP 1: GOTO

<https://www.compass.state.pa.us/cwis/public/home>

The screenshot shows the homepage of the Pennsylvania Child Welfare Information Solution (CWIS) portal. At the top, there is a navigation bar with the Pennsylvania logo and the text "pennsylvania PA CHILD WELFARE INFORMATION SOLUTION". To the right, there are links for "PA STATE AGENCIES", "PA ONLINE SERVICES", "FAQ", and "Contact Us". Below the navigation bar, there is a yellow banner with the text: "If the child you would like to report on is in immediate danger, please call 911 immediately." The main content area features a large blue ribbon graphic with the CWIS logo. To the left of the ribbon, there is a white box with the text: "WELCOME TO THE Child Welfare Portal. Our service provides a means for individuals to apply for PA Child Abuse History Clearance online and for mandated reporters to report child abuse in Pennsylvania." Below this text are two buttons: "INDIVIDUAL LOGIN" and "CREATE INDIVIDUAL ACCOUNT". Further down, there is another section with the text: "Organizations can manage PA Child Abuse History Clearances online for their employees and volunteers" and two buttons: "ORGANIZATION LOGIN" and "CREATE ORGANIZATION ACCOUNT".

# STEP 2: SELECT "CREATE INDIVIDUAL ACCOUNT"

The screenshot shows the "Create Keystone ID: General Information" form. At the top, there is a dark blue header with the Pennsylvania logo and the text "pennsylvania". Below the header, there is a section titled "Create Keystone ID: General Information". This section contains two steps: "1 General Information" and "2 Profile Information". The "1 General Information" step is currently selected. Below the steps, there is a "Welcome!" message followed by a paragraph of text: "The Commonwealth of Pennsylvania is improving how it provides online services to citizens! Several state agencies are working together to allow you to establish a Keystone ID which creates a single way to access several different state programs. Currently, the Keystone ID that you create and manage here can be used for:". This is followed by three bullet points: "Child Welfare Portal: Users of the Child Welfare Portal can apply for a Pennsylvania child abuse history clearance or submit child abuse referrals.", "SERS' Online Member Services: Members of the State Employees' Retirement System can get statements, run estimates, and more.", and "Disaster Training Registration: The Disaster Training Registration allows Individuals to search for and attend courses related to disaster situations." Below the bullet points, there is a paragraph of text: "If you already have signed into any of these programs, you do not need to create another one now. Simply use the user name and password you've already established to access all of these services. Keep in mind that if you change your password or any other profile information in any one of these programs, the changes you make will apply to all programs that use the Keystone ID. Keep an eye out for the Keystone ID sign-in on more state websites in the future. It's just another way the Commonwealth of Pennsylvania is working to serve you better." At the bottom right of the form, there are two buttons: "NEXT" and "CANCEL".

# STEP 3: SELECT "NEXT"

### Create Keystone ID: Profile Information

1 General Information 2 Profile Information

\* = Required

To create a new Keystone ID, please provide the following information:

- \* Keystone ID  (must be 6 to 10 characters)
- \* First Name
- \* Last Name
- \* Date Of Birth  (MM/DD/YYYY)
- \* E-mail
- \* Confirm E-mail

To ensure online security, please select and provide answers for security questions. These questions will be used if you forget your password.  
[Security Question Tips](#)

Choose questions for which you will easily recall the answers; do not write down the questions and answers, as this undermines their usefulness as a security tool.  
Answers must be typed exactly the same way, every time. So, if you capitalize "Philadelphia" or if you write "Philadelphia PA" here, you must do so every time you use the question.  
Avoid using special characters (\$#@%) and punctuation (" , - .) in your answers.  
You cannot use the same question more than once.  
Answer cannot be any phrase directly from the question.

- \* Security Question 1
- \* Answer
- \* Security Question 2
- \* Answer
- \* Security Question 3
- \* Answer

For security reasons, please answer the following question.

- Question 4 less 3 is what?
- \* Answer

**BACK** **FINISH** **CANCEL**

# STEP 4: FILL OUT THE REQUIRED INFO, THEN SELECT "FINISH"

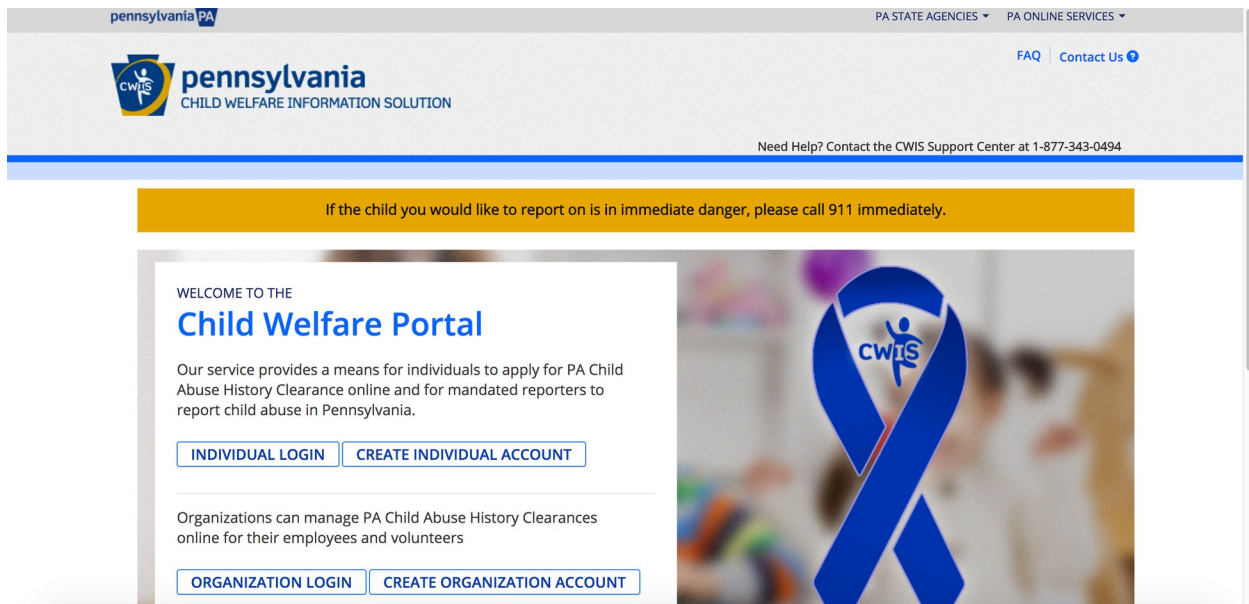
**Check your e-mail for your temporary password!**

You have successfully created a Keystone ID and a temporary password has been e-mailed to you. For the safety of your personal and financial information, you cannot begin working until you retrieve this temporary password and sign back in to the system. You need to use this temporary password the first time you sign in. When you sign in for the first time, you will be required to create a personal password for future use.

Please close this browser window and login to your application.

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**STEP 5: CLOSE OUT WEB BROWSER,  
RETURN BACK TO**  
<https://www.compass.state.pa.us/cwis/public/home>



The screenshot shows the homepage of the Pennsylvania Child Welfare Information Solution (CWIS) portal. At the top, there is a navigation bar with the Pennsylvania logo and the text "pennsylvania PA". To the right of the logo, there are links for "PA STATE AGENCIES" and "PA ONLINE SERVICES". Below the navigation bar, the CWIS logo is displayed, along with the text "pennsylvania CHILD WELFARE INFORMATION SOLUTION". To the right of the logo, there are links for "FAQ" and "Contact Us". Below the navigation bar, there is a yellow banner with the text "If the child you would like to report on is in immediate danger, please call 911 immediately." Below the banner, there is a main content area with the text "WELCOME TO THE Child Welfare Portal". Below this text, there are two buttons: "INDIVIDUAL LOGIN" and "CREATE INDIVIDUAL ACCOUNT". Below these buttons, there is a section for organizations with the text "Organizations can manage PA Child Abuse History Clearances online for their employees and volunteers". Below this text, there are two buttons: "ORGANIZATION LOGIN" and "CREATE ORGANIZATION ACCOUNT". To the right of the main content area, there is a large blue ribbon graphic with the CWIS logo on it.

**STEP 6: SELECT INDIVIDUAL LOG IN**





### Keystone Key

#### Self-service for Citizens

- [Forgot Password](#)
- [Edit Profile](#)

#### Self-service for Commonwealth Employees

- [Change CWOPA Password or Hint Questions](#)

WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Human Services Security and Audits Unit.

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**STEP 7: LOG IN WITH USERNAME CREATED AND TEMP PASSWORD SENT TO YOUR EMAIL**

**STEP 8: CREATE A NEW PASSWORD**



### Keystone Key

#### Self-service for Citizens

- [Forgot Password](#)
- [Edit Profile](#)

#### Self-service for Commonwealth Employees

- [Change CWOPA Password or Hint Questions](#)

WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Human Services Security and Audits Unit.

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**STEP 9: LOG IN WITH USERNAME AND NEW PASSWORD**



## What Would You Like To Do Today?

Please select which account you would like to access.

[ACCESS MY CLEARANCES](#)[ACCESS MY REFERRALS](#)

<https://www.compass.state.pa.us/CWIS/Public/AccountType/SetDataForClearance>

# STEP 10: SELECT ACCESS MY CLEARANCES

# STEP 11: SCROLL DOWN TO BOTTOM OF PAGE AND SELECT CONTINUE

## My Child Welfare Account Terms and Conditions

Thank you for visiting My Child Welfare Account. This site is designed to make it easier and more efficient for Pennsylvania citizens to view information about benefits and services they are receiving through the Department of Human Services.

### Terms and Conditions

This policy addresses the collection, security, access and use of information that may be obtained through "My Child Welfare Account. This policy covers the following topics:

- Information we Collect
- Access and Disclosure
- Security
- Information disclaimer
- Penalty for Misuse

#### Information Collected:

We collect the following information:

- Demographic, financial and medical information;
- The name of domain; for example, "xcompany.com" if you use a private Internet access account, or "yourschool.edu", if you are connecting from a university domain;
- An IP address, a number automatically assigned to your computer when you are using the Internet;
- The type of browser and operating system used to access our site;

- I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions
- I do not accept the My Child Welfare account Terms and Conditions

[RETURN TO CHILD WELFARE PORTAL HOME PAGE](#)[NEXT](#)

# STEP 12: SELECT THAT YOU HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS, AND PROCEED

Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

Providing your Social Security number may enable the Department to expedite the review of your request for a clearance certificate. If you do not provide your Social Security number additional levels of identity verification may be required by ChildLine staff, reducing the chance of automatic processing of your request.

However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

## WARNING

You are entering a secure government website for the purpose of requesting a Pennsylvania Child Abuse History Clearance. By entering this site, you certify that you have read and understand the above guidelines and legislation.

US Government System and Department Of Human Services. Unauthorized access prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy.

## Note

If your web browser prompts you to accept a security certificate, you must accept it to proceed.

[CONTINUE](#) ▶

# STEP 13: SELECT CONTINUE

pennsylvania PA PA STATE AGENCIES PA ONLINE SERVICES

**pennsylvania**  
CHILD WELFARE INFORMATION SOLUTION

MFERRIER25 Alerts 0 Account Profile FAQ Contact Us LOG OUT

Need Help? Contact the CWIS Support Center at 1-877-343-0494

My PA Child Abuse History Clearances [CREATE CLEARANCE APPLICATION](#) [ADD APPLICATION TO ACCOUNT](#)

**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Browser Compatibility  
ADA Compliancy

Security Policy  
Privacy Policy

# STEP 14: SELECT CREATE CLEARANCE APPLICATION

### Information You Will Need

Before you start, you should have the following information readily available to help you complete your application:

- Addresses where you have previously lived
- Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.
- Any previous names you have used or have been known by
- Applicants that do not meet the volunteer application criteria or volunteers who have already received a volunteer certification free of charge within the previous 57 months will need to provide either credit/debit card information for an \$8.00 application fee or an authorization code from the organization that is asking you to obtain a Pennsylvania Child Abuse History Certification.

### Volunteer Applicants

As a volunteer applicant you are permitted to receive one certification free of charge every 57 months. In order to submit a volunteer application without a payment, you are required to affirm that you have not already received a paper or electronic volunteer certification free of charge within the previous 57 months.

### Additional Information

All of the information that you entered here is secure and confidential. For more information on the security and confidentiality of this website, please view the [Commonwealth of Pennsylvania's Privacy Policy](#) [Additionally more information is provided in the Rights and Responsibilities.](#)

If you have any questions about your application, please refer to the [Frequently Asked Questions](#) page. If you need further assistance, please contact the ChildLine and Abuse Registry's Child Abuse Clearance Unit at 1-877-371-5422.

[← PREVIOUS](#)

[BEGIN →](#)

## STEP 15: SELECT BEGIN

## STEP 16: FILL IN & COMPLETE THE REQUESTED INFO ON THE APPLICATION.

**\*\*\*PLEASE NOTE THIS BACKGROUND TAKES SEVERAL DAYS TO COME BACK, WHEN YOU RECEIVE THE RESULTS PLEASE PRINT THEM OUT AND TURN THE CERTIFICATE / RESULTS IN WITH THE APPLICATION. YOUR APPLICATION IS INCOMPLETE WITH OUT THIS COMPLETED\*\*\***

# Darby Fire Company No. 1

## *Application Survey*

Please complete the following information, this survey information is being used to satisfy a grant requirement.

- **How did you learn about Darby Fire Company No. 1?**

Social Media Site \_\_\_\_\_

Stopped by Station \_\_\_\_\_

Friend \_\_\_\_\_

Company Web Page \_\_\_\_\_

On line advertising \_\_\_\_\_

- **You're Sex?**

Male \_\_\_\_\_

Female \_\_\_\_\_

- **Age?**

\_\_\_\_\_

