



Lawrence Park Fire Department

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Erie, PA 16511



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APPLICATION FOR FIREFIGHTERS/EMS/FIRE POLICE

NAME: _____ D.O.B _____

ADDRESS: _____ SSN # _____

PHONE# HOME: _____ CELL# _____

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT BEFORE? _____

IF YES, WHERE? _____ WHEN? _____

REASON FOR LEAVING _____

DO YOU HAVE A CURRENT PA DRIVERS LICENSE? _____ DL# _____

ARE YOU CURRENTLY EMPLOYED? _____ EMPLOYER; _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (EXCLUDING SUMMARY OFFENSES)

IF YES,

DETAILS: _____

DO YOU HAVE ANY PAST MEDICAL HISTORY? _____

IF YES,

LIST _____

REASON SEEKING MEMBERSHIP AT LAWRENCE PARK FIRE DEPARTMENT:

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND ANY DISCREPANCIES FOUND MAY RESULT IN APPLICATION INSTITUTIONALLY DECLINED

SIGNATURE OF APPLICANT _____ DATE: _____