



# Lawrence Park Fire Department

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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: \_\_\_\_\_