

NORTH STRABANE TOWNSHIP

APPLICATION FORM

Position: Firefighter/EMT

APPLICATION INCLUDES:

- Questionnaire
- Notification Procedure Release
- Waiver and Release for
- Background Investigation
- Job Description/Verification Form

GENERAL INSTRUCTIONS: This application consists of several sections: a Questionnaire; a Notification Procedure Release; Waiver and Release for Background Investigation; and Job Description/Verification Form. Each one of these sections must be completed in order for the Township to accept the application as complete. Print (Do Not Type) an answer to each question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. **DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.**

QUESTIONNAIRE

1. _____
Last Name First Name Middle Name
2. _____
Social Security Number
3. _____
Alias(es), Nickname(s) Maiden Name, Other changes in Name
- 3A. _____
Telephone Number
4. _____
Present Residence Address Street/City/State/Zip Code
5. _____
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court

6. _____
 Residence: List all for the past ten (10) years beginning with current

Month & Year		Address	With Whom did you live?
From	To		Where are they now?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. **FAMILY.** List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, stepbrothers and stepsisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address If Living
Father	_____	_____
Mother	_____	_____
_____	_____	_____
_____	_____	_____

8. **VEHICLE OPERATOR'S LICENSE.** Give the following information concerning any vehicle operator's license you have held or now hold.

Type of License	Number	Issuing Authority	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license suspended or revoked? _____

9. **Conviction of Crime.** Have you ever been convicted of a misdemeanor, felony or greater criminal violation? (Yes/No) If yes, state violation, court of jurisdiction and date of conviction.

10. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS.

Name	Address	Zip	Type (Social, Fraternal Professional, etc.)	Office Held	Membership Dates
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11. SUBVERSIVE ORGANIZATIONS.

(Yes/No)

_____ Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means?

_____ Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?

_____ Are you now associating with, or have you associated with, any individual, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?

Have you ever been engaged in any of the following activities of any organization of the type described above: Distribution(s) to, attendance at or participating in any organizational, social or other activities of said organization or of any projects sponsored by them; the sale, gift, or distribution of any written, printed or other matter, prepared, reproduced, or published by them or any of their agents or instrumentalities?

If yes to any of the answers above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held. Also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

12. A. EDUCATION. List all high schools attended.

Name	Address	City	Zip	Graduated - Yes/No
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B. HIGHER EDUCATION. List all colleges or universities attended. Provide a copy of degree obtained.

Name	Address	City	Zip	Credit Hours Semester/Quarter	Degree Rec'd
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Major and Minor Courses.

C. Other schools or training (trade, vocational, military). List for each the name and location of school, years attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

13. SPECIAL QUALIFICATIONS AND SKILLS

A. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires.

B. Special skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

C. Approximate number of words per minute: Keyboard or typing _____

D. Special qualifications not covered in this application. (For example, your various certifications from fire related schools and continuing education seminars and classes. Please provide copies.

14. HOBBIES AND SPORTS.

Name	Length of Participation	Level of Proficiency
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<hr/>		
<hr/>		

15. EMPLOYMENT. Begin with your most recent job and list your work history for the past 10 years, including part-time, temporary or seasonal employment and all periods of unemployment.

From Date	Name and Address of Employer	Job Title Reason for Leaving
<hr/>		
To Date	Description of Duties	
<hr/>		
Salary	Name of Supervisor	Name of Co-worker
<hr/>		

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To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-worker	

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, state reason:

Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, explain. List name and address of employer, approximate date and reasons in each case.

16. MILITARY STATUS.

Have you ever served in the U.S. Armed Forces? Yes _____ No _____
If yes, attach photostatic copy of discharge or separation papers.

A. While in the military service, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, list date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information.

B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following:

Grade and Service No.: _____

Service and Component: _____

Organization and Station or Unit and
Address: _____

_____ Status _____

Indicate reserve obligation, if any. _____

17. SELECTIVE SERVICE.

Last Classification: _____

Selective Service No. : _____

Date: _____ Local Board _____

Address: _____

18. CHARACTER REFERENCES. List only character references that have definite knowledge of your qualifications for the position of application. List four character references.

Name	Address	Home Phone	Work Phone	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the above entries made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant

Date

**NORTH STRABANE TOWNSHIP
APPLICATION FORM**

APPENDIX A

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of Deputy Fire Chief for North Strabane Township...

If conventional methods fail in attempting to contact the applicant, a certified or registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the Township Manager, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges reading and understanding the contents of this procedure.

Date

Signature

North Strabane Township is an Equal Opportunity Government

**NORTH STRABANE TOWNSHIP
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APPENDIX B

WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I certify that the information supplied by me on this application is true and complete and does not contain any falsification, emissions, or concealment of material fact.

I authorize the Township to investigate the truth of this information and any other information I may supply during the hiring process.

further, I give the Township the right to make a thorough investigation into my background, previous employment, education and references in order to ascertain my suitability for employment with North Strabane Township.

I release from all liability and claims any and all persons, companies and corporations (public and private) supplying any information whatsoever to representatives of North Strabane Township. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentiality clause.

I release, indemnify and hold harmless North Strabane Township, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

“I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form”.

Date: _____

Signature _____

NORTH STRABANE TOWNSHIP

TITLE: FIREFIGHTER/EMT

GENERAL DESCRIPTION:

Under close supervision of the Fire Chief, a firefighter is responsible for combating and extinguishing fires, maintaining fire equipment and apparatus, responding to and providing first aid and/or basic life support, and maintaining quarters. Work may be performed under situations extremely hazardous to personal health and safety. Work is reviewed through daily observation, accomplishment of daily and special tasks, and through results obtained.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following:

Firefighting – combat a variety of types of fires such as brush, structural, automobile, oil, chemical, gas, vehicle, and rope rescue using a variety of firefighting equipment and tools such as hose and nozzle, ax, pry bars, hand fire extinguisher and Self-Contained Breathing Apparatus (SCBA).

Routine and periodic maintenance – Daily apparatus checks, preventative maintenance on equipment, check hoses, check personal equipment. Perform routine housekeeping and maintenance of fire station.

Training – attend and participate in training exercises that may include simulated fire combat situations; ladder exercise; preplanning; and familiarization with new or existing equipment and techniques.

Medical – respond to emergency calls, provide routine first aid as required and provide basic life support until arrival of advanced life support technicians and equipment.

Inspections – perform fire and sprinkler inspections.

Public Education – performs fire prevention activities and conduct educational fire safety projects.

Additional duties – additional duties may be assigned such as dispatching, assisting with routine maintenance and repair of apparatus, equipment or station facilities.

Respond and operate fire apparatus on emergency calls.

ADDITIONAL OR MARGINAL DUTIES AND RESPONSIBILITIES:

Answer telephone inquiries concerning fire prevention and suppression articles.

Receive equipment shipments, field station visitors, and maintain inventory control measures.

Assist Chief in the preparation of pre-fire plans, hydrant and street indexes, and fire prevention education demonstrations.

In Chief's absence, perform basic fire prevention functions, respond to complaints, and address code requirements.

Prepare incident disposition forms, obtaining all pertinent incident information.

QUALIFICATION REQUIREMENTS:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Education/Experience:

High School diploma or general education degree (GED).

Completion of Pennsylvania minimum 45 hour Standards Course in Fire Science.

Experience with SCBA, ground ladders, general ladders, fire apparatus, fire pumps, smoke detectors, sprinkler systems, medical supplies, command post functions, power lath tools and HRT rescue tool.

Testing:

Receive a passing score on both a written and physical ability examination required by the Township.

Language Skills

Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

Considerable knowledge of the English language, spelling, and punctuation. Persuasive writing and speaking skills.

Ability to express oneself clearly and concisely both orally and in written reports.

Mathematical Skills:

Ability to work with mathematical concepts, such as probability and statistical inference.

Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

Reasoning Ability:

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.

Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

Certificates, registrations, Licenses:

Possess a valid Pennsylvania driver's License.

Possess a valid EMT 1 Certification.

Possess a Pennsylvania Firefighter 1 Certification.

Other Skills and Abilities:

Knowledge of basic firefighting techniques.

Knowledge of the principles and practices of modern firefighting techniques.

Knowledge of township streets, hydrants, and building locations.

Ability to deal effectively with citizens affected by emergency circumstances.

Ability to operate fire apparatus safely and effectively to and from the scene of an emergency.

Skill in the use of basic firefighting and emergency medical treatment and techniques.

Ability to identify hazardous materials placards and information, and basic on-scene reports.

Maintain working knowledge of mechanical devices such as extinguisher, sprinkler system, and smoke detection units.

Ability to conduct fire prevention/education programs.

Ability to work effectively with volunteer firefighters at station and at emergency scenes.

Ability to accomplish fire department agility test in allotted time frame.

Ability to work independently I research and other assigned tasks.

PHYSICAL DEMANDS

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

This is very physically demanding and strenuous work under unusual or potentially hazardous conditions. Tasks may require heavy lifting, pushing, pulling, or carrying of heavy loads. Flexibility is important because of the need to enter and exit vehicles frequently, inspect buildings, climb over and around obstacles, suddenly move out of the way of dangers, etc. Mental alertness is very important because of the need to make critical decisions concerning personnel and operations.

WORK ENVIRONMENT:

The work environment characteristics described herein are representative of those the employee encounters while performing the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

The location of work performed by the employee is varied and is based on the conditions of emergency situations; thus the work is performed whenever and wherever the situation they call for. The employee is frequently exposed to wet/humid conditions. The employee must occasionally visit and inspect facilities that are accessible only by uneven paths of travel, ladders, stairways, rooftops, and other various locations, and in potentially hazardous locations and in all types of weather.

Daily reporting location is the Main Fire Station located on Washington Road.

I have reviewed the job description for Firefighter/EMT and meet the general qualifications for the position of Firefighter/EMT and believe:

_____ I can fully perform all duties and skills/ability without reasonable accommodations.

_____ I can fully perform all duties and skills/abilities, but only with the following reasonable accommodations for the duties specified.

_____ I can not fully perform all duties and skills/abilities even with reasonable accommodations.

_____ Date

_____ Signature