

CITY OF BEAVER FALLS

FIREFIGHTER APPLICATION PACKAGE

APPLICATION INCLUDES:

- Questionnaire
- APPENDIX A: Notification Procedure Release
- APPENDIX B: Waiver and Release for Background Investigation
- APPENDIX C: Description of Essential Duties of a Firefighter
- APPENDIX D: Certification of eligibility list preference

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Waiver and Release for Background Investigation; and Description of Essential Job Functions; AND A certification of Eligibility List Preference. Each one of these sections **MUST BE** completed in order for City of Beaver Falls 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
4. _____
Telephone Number
- 4b. _____
Email Address
5. _____
Present Residence Address Street/City/State/Zip Code
6. _____
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court
7. _____
Residence: List all for the past ten years beginning with current

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

8. 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
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Father _____

Mother _____

9. 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
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Have you ever had a license suspended or revoked?

10. 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.

11. FINANCIAL STATUS.

Do you have any income from any source other than your principal occupation? (Yes/No) How much? _____
 How often? _____ The source(s) _____

Do you have or have you had any financial account (savings, checking, loans, stocks, bonds, etc.)? List all accounts during the past seven (7) years.

Name and Address of Financial Institution:	Type of Account:
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12. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS.

Name	Address	Zip	Type (Social, Fraternal, Professional, Etc.)	Office Held	Membership Dates From	To
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13. 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.

14. EDUCATION.

A. List all elementary, junior high and high schools attended. Attach transcript from last high school attended.

Name	Address	City	Zip	Graduated Yes/No

B. Higher Education. List all colleges or universities attended. Attach transcript from last institution.

Name	City	Zip	Years Attended	Credit Hours Semester/Quarter	Degree Rec'd

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.

15. 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 _____ Shorthand _____

D. Special qualifications not covered in application. (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.)

16. FOREIGN LANGUAGE. Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing
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17. FOREIGN TRAVEL. Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. military duties.

Dates	Country	Purpose of Travel

18. HOBBIES AND SPORTS.

Name	Length of Participation	Level of Proficiency

19. 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
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-worker	

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Salary	Name of Supervisor	Name of Co-worker	

If additional employer blocks are needed, attach requested information on a separate sheet.

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 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.

20. MILITARY STATUS.

YES

NO

Have you ever served in the U.S. Armed Forces?
If yes, attach photostatic copy of discharge or separation papers.

Do you claim veterans' preference?

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:

Indicate reserve obligation, if any. _____

Are you claiming Veteran's preference? _____ If yes, include a copy of your DD 214

21. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214)

Last Classification: _____

Selective Service No.: _____

Date: _____ Local Board: _____

Address: _____

22. CHARACTER REFERENCES. List only character references that have definite knowledge of your qualifications for the position of application. List five-character references. (Do not list relatives, former employers or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Years Known
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23. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? If yes, provide details.

24. Have you ever applied for a position with any other governmental agencies? If yes, provide details.

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

FIRE DEPARTMENT

By my signature affixed below I certify that I have been given notice of the physical agility standards to be used for testing for initial hire with the City of Beaver Falls Fire Department>

SIGNATURE: _____ DATE: _____

This signed form MUST be returned in the application packet. Failure to return this signed form will void the application packet and the application will be deemed ineligible for further testing and consideration.

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 firefighter with the City of Beaver Falls Fire Department.

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 Beaver Falls Fire Department, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges reading and understanding the contents of this procedure.

Signature

Date

APPENDIX B

WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____, hereby give City of Beaver Falls the right to make a thorough investigation into my background, previous employment, education and references in order to ascertain my suitability for service as a firefighter. I release from all liability and claims any and all persons, companies and corporations (public and private) supplying any information whatsoever to representatives of City of Beaver Falls. 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 City of Beaver Falls, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

Date

Signature

Notary Public

APPENDIX C

City of Beaver Falls Fire Department Entry Level Firefighter REQUIREMENTS

Name _____

The following documentation shall be attached to this form and submitted with your application for Entry Level Firefighter (Full-Time and/or Casual). Any application that does not include these documents will not be processed for testing, no exceptions.

Please check each item that you have attached and sign this form at the bottom.

- _____ Copy of Birth Certificate
- _____ Copy of High School Diploma or GED
- _____ Copy of a valid Commonwealth of Pennsylvania Motor Vehicle Operators License
- _____ Copy of NFPA 1001 Firefighter I Certification (Must be Pro Board Certified)
- _____ Copy of Pennsylvania Department of Health Emergency Medical Technician (EMT) License

I certify, by signing below, that all information provided with this document is true and complete. I understand that any false information or omission of any of the required documentation shall disqualify me from the Civil Service Testing and Certifying Process and may result in dismissal if discovered at a later date.

Signature

Date

APPENDIX D

CERTIFICATION OF ELIGIBILITY LIST PREFERENCE

In compliance with the Beaver Falls Collective Bargaining Agreement that sanctions the hiring of Casual Firefighters under civil service, the following provisions shall apply:

- (a) There shall be two initial civil service hiring lists (Full-time and Casual Firefighters) whose applicants shall both meet the same initial hiring requirements to be eligible to continue in the process.
- (b) Candidates shall indicate on their application form if they want to be considered for a Full-time Firefighter position or Casual Firefighter position or both.
- (c) The city shall, after the candidates have met the qualifications described herein, be placed on their respective eligibility list.
- (d) Once a candidate accepts a position as a Casual Firefighter, their name shall be removed from the Full-time Firefighter eligibility list. However, a candidate on the Casual Firefighter list who declines the position of a Casual Firefighter, and their name is on the Full-time Firefighter list, may keep their name on the Full-time Firefighter list for future consideration as a Full-time Firefighter. Once a candidate, who accepts the position of Full-time Firefighter, from the Full-time Firefighter eligibility list, and name appears on both lists, their name will be removed from the Casual Firefighter list. In all cases, when a candidate's name is removed from any list, as indicated above, they will be notified in writing.
- (e) Casual firefighters shall be first hired from the initial eligibility list and when first hired be first eligible for a promotion to Full-time Firefighter position, if they apply and meet the qualifications described in *Section 3.7* of these rules and regulations. The movement from Casual Firefighter to Full-time Firefighter, under the provisions of these rules and regulations, shall be a promotion and the eligible candidates shall be subject to a merit selection process.

Comment: Excerpt from arbitration ruling, City of New Castle, July 2000: The movement from a Casual Firefighter to a Firefighter (Full-time) is a form of advancement within the organization, and thus a promotion requiring a merit selection process and, in addition, does not qualify for veteran's preference.

- (f) If no employed Casual Firefighter applies for the Full-time Firefighter position(s); or do not meet the requirements of these rules and regulations, or there are not enough Casual Firefighters eligible and qualify for the number of Full-time Firefighter positions being filled, the city shall then go to the Full-time eligibility list and complete the hiring process, for the Full-time firefighter position, as outlined in these civil service rules and regulations.

I, _____ CERTIFY THAT, I have read the above provisions and wish to have my name appear and be considered for the eligibility list as indicated by the "X" placed in the box or boxes below.
(Applicants may check both boxes if they wish to have their name appear on each eligibility list)

Full-Time Firefighter

Casual Firefighter

Signature _____ Date _____