PHOENIXVILLE FIRE DEPARTMENT

FIREFIGHTER APPLICATION

Applicant Name: _____

Instructions to the applicant- The information you provide in this application will be used to assist in determining your eligibility for the position of **Probationary Firefighter** within the Phoenixville Fire Department.

- It is your responsibility to complete this form and provide all required information.
- Neatly print in black ink or complete online.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form and identify the additional information by the question number.
- Send or deliver the completed application to:
  Borough of Phoenixville
  351 Bridge Street 2nd Floor
  Phoenixville, PA 19460

Every applicant for any position in the Fire Department shall possess a diploma from an accredited high school or a graduate equivalency diploma. In addition, every applicant must be a United States citizen, be physically and mentally fit to perform the full duties of their positions with or without accommodations, and, prior to appointment, possess a valid motor vehicle operator's license issued by the Commonwealth of Pennsylvania.

To be eligible to apply as a Firefighter to the Fire Department, an applicant must have satisfactorily completed certification as established by the State Fire Academy under the Office of the State Fire Commissioner or must be currently enrolled in a State Fire Academy or accredited institution certification for Firefighter 1 (NFPA 1001), Firefighter 2 (NFPA 1001), PA DOH EMR, PA DOH EMT preferred, EVOC/EVDT (with Pumper or Aerial) and Pump Operations I or Driver Operator Pumper (NFPA 1002), Hazardous Materials Operations, NIMS 100, 200, 700, 800, CPR/AED, PA DOH Vehicle Rescue Technician or Vehicle Technical Rescuer – Technical Level (NFPA 1006), Water Rescue – Awareness Level (PA Boat & Fish Commission) and such other minimum certification as determined and as updated by the Chief of the Fire Department. Any conditional offer of employment to a candidate currently enrolled in an approved State Fire Academy training curriculum would also be contingent on the enrolled candidate successfully graduating and providing proof of the foregoing certifications from such State Fire Academy or accredited institution.

Age and Residency Requirements: All applicants must have reached their eighteenth (18th) birthday before the deadline for submitting completed applications. Firefighters must reside within twenty-five (25) miles of the perimeter of the Borough of Phoenixville at the time of hire, or at minimum upon completion of the hiring probationary period.

An applicant shall have no record of a conviction of any felony in the Commonwealth of Pennsylvania, any other state, or in the federal criminal justice system. The successful applicant must be able to perform the essential job functions of their position and at a pace and level of performance consistent with the actual job performance requirements.

Statements made by the applicant in the official application shall contain no falsification, omission or concealment of material fact. Should investigation disclose any willful misstatement, falsification or concealment, the application shall be deemed invalid and the applicant disqualified; or the name of the applicant removed from the Eligible List if already place upon such list; or if the Applicant is appointed or hired, such willful misstatement, falsification or concealment shall constitute grounds for dismissal.

I have read and understand the instructions.

Signature: _____ **Date**: _____

The Borough of Phoenixville

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. The Borough of Phoenixville does not accept unsolicited applications. You will only be considered for the position which you are applying. A separate application must be completed for each position for which you are interested in applying.

Employment Application

Personal Information

Incomplete information could disqualify you from further consideration. Please complete all fields

Last	First	MI	Email	
Street Address	City	State	Zip	Home Phone
				Mobile Phone

Are you legally eligible to be employed in the United States?	Are you 18 or older?
Yes	Yes

Position(s) are you applying for?	Have you ever been convicted of a felony?	Desired Salary:	Desired Hourly Rate:	Date Available to Start:
Full Time Only	No			

Are you currently employed?	If so may we inquire of your present employer?	Have you ever worked for the Borough of Phoenixville?	Do you know anyone who works for the Borough of Phoenixville?
Yes	Yes	Yes	Yes Name

Education

	Name and Location of School	Number of Years Attended	Did you graduate?	Subjects Studied
High School			Yes	
College/University			Yes	
Trade, Business or Correspondence School			Yes	

General

US Military or Naval Service **Rank:**_____ **Present Membership in National Guard or Reserves**

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please list:	
Computer Skills (please describe):	
Activities: (Civil, Athletic, etc. - exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or national origin of its member	

Other Certifications, Licenses and Education

Title of Certification, License, Education	Date Received

Employment History

Please include periods of unemployment, starting with the most recent and working backwards.
Incomplete information could disqualify you from further consideration

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, State, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From: To:	From: To:	From: To:
Position/Job Title			
Summarize the nature of work performed and job responsibilities			
Reason for Leaving			
May We Contact			

Personal References

Please provide the names of three people not related to you whom you have know at least one year

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, State, ZIP			
Telephone			
Email			
Years Acquainted			

Please read carefully before signing:

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the Borough's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Borough's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Borough. I understand that no Borough representative, other than Borough Council President, and then only when in writing and signed by the President of Council, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature	Date

ADDITIONAL INSTRUCTIONS (IF ADDITIONAL PAGES ARE NEEDED, ATTACH TO THIS APPLICATION)

All completed applications must be accompanied by copies of the following documents:

1. Birth Certificate
2. If a naturalized citizen, naturalization certificate
3. Military discharge and DD214 (if applicable)
4. High school diploma or equivalency certificate
5. Copy of required Fire/EMS certifications or proof enrollment in certification courses

All completed applications must be accompanied by the original signed and notarized documents:

1. Statement and Verification
2. Authorization and Release
3. Personal Injury Waiver

PHOENIXVILLE BOROUGH CIVIL SERVICE COMMISSION

CHESTER COUNTY, PENNSYLVANIA

Physical Agility Test

PERSONAL INJURY WAIVER

Applicant's Name _____

Date of Birth _____

Social Security Number _____

I hereby release the Borough of Phoenixville or any of its authorized representatives from any liability or damage for any physical injury which may result from performing the physical agility and endurance examination for the position of Firefighter.

_____

Applicant's Signature Date

_____

Applicant's Address

AFFIDAVIT

State of _____

County of _____

Before me personally appeared the said _____

_____ who says that he executed the above instrument of his own free will and accord, with full knowledge of the purpose therefore.

Sworn to or affirmed and subscribed in my presence this _____ day of _____, 20_____.

_____

Notary Public

BOROUGH OF PHOENIXVILLE
FIRE DEPARTMENT

AUTHORIZATION AND RELEASE

I, (Print Full Name) _____, born in (City)_____
(State) _____, on (Date) _____, having filed an application for employment with the Phoenixville Borough Fire Department, consent to have an investigation made as to my moral character, professional reputation and fitness for the position of Firefighter and such information should be reported to the Phoenixville Borough Fire Department. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the investigation or to know its contents and I further understand that the contents are privileged.

I also authorize and request, every person, firm, company, corporation, governmental agency, court, educational association or institution having control of any documents, records and other information, including documents, records, complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Phoenixville Borough Fire Department or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I specifically authorize the Phoenixville Borough Fire Department to obtain any information form my official record on file with the Local Board Number _____ of Selective Service System, located in the City of _____ , State of ; _____ and herby consent to and authorize the release of such information by the Selective Service System.

I hereby request and authorize the Department of Army, Navy, Marines, Air Force, and/or Coast Guard to furnish to the Phoenixville Borough Fire Department, the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number is/was _____ _____. I hereby release from all liability and claims any and all persons, companies, corporations and other entities (public and private) supplying any documents, records, or other information whatsoever to representatives of the Phoenixville Borough Fire Department and/or Phoenixville Borough. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentially clause. I further release, indemnify and hold harmless the Phoenixville Borough Fire Department and/or Phoenixville Borough, its officials, officers, employees, agents and other representatives, from and against any and all liability of every nature and kind resulting from or arising out of furnishing or inspection of such or inspection of such documents, records, or other information.

I have read the foregoing document and have answered all questions fully and honestly. The answers are true and complete to the best of my knowledge.

_____ _____
(Date) (Signature)

SWORN to and Subscribed before me

this _____day of _____, 20____

_____
Notary Public

Statement and Verification

I fully acknowledge that any offer from the Borough of Phoenixville of my appointment to the position of Firefighter for the Phoenixville Borough Fire Department is subject to a review of a background investigation including, but not limited to, a character investigation, employment investigation, medical evaluation, urinalysis test and psychiatric examinations.

I further acknowledge that Phoenixville Borough, following and based upon a review and audit of the above-mentioned investigations and examinations, may reject, revoke or withdraw my appointment, or offer of appointment, to the position of Firefighter for the Phoenixville Borough Fire Department.

I verify that the statements of facts made by me in this personal data questionnaire are true and correct. I further verify that I have not omitted of falsified any facts or matters in this questionnaire.I understand that this application is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authories.

_____ _____

Applicant's Signature Date

SWORN to and Subscribed before me

This _____ day of _____, 20_____.

_____

Notary Public