



West Ridge Fire Department
 3142 West 26th. Street
 Erie, PA 16506

APPLICATION FOR EMPLOYMENT/MEMBERSHIP

PERSONAL INFORMATION

Date _____

Name _____

Last First Middle Maiden

Present address _____

Number Street City State Zip

How long _____

Telephone (____) _____ If under 18, please list age _____

e-mail _____ Social Security Number ____/____/____

EMPLOYMENT DESIRED

Part-Time Firefighter

Volunteer Firefighter

(Part-Time ONLY)

How many hours can you work weekly? _____ Can you work evenings? _____

When are you available to start work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From To	Start Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Fire Department Experience

Name of Fire Department Address	Name of last supervisor	Employment dates	
City, State, Zip Phone number		From To	
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Have you ever been in the armed forces? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Are you now a member of the National Guard? Yes No

If hired, can you provide proof of U.S. citizenship Yes No
or proof of your legal right to live and work in this country?

Have you ever been a member of this Department? Yes No

If yes, when? _____

Do you have any friends or relatives who belong to this Department? Yes No

If yes, please provide their names and relationship to you. _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions and duties Yes No
of the job for which you are applying?

If not, please describe the functions or duties you are unable to perform. _____

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

<u>Name</u>		Occupation
Company name (if applicable)	Address	
Telephone	E-mail	Years acquainted
<u>Name</u>		Occupation
Company name (if applicable)	Address	
Telephone	E-mail	Years acquainted
<u>Name</u>		Occupation
Company name (if applicable)	Address	
Telephone	E-mail	Years acquainted

Do you possess the minimum qualifications as described below?

Minimum Qualifications

- High school diploma or GED equivalency Yes No
- Must be at least 18 years of age Yes No
- Medical training; Emergency Responder or equivalent Yes No
- Healthcare Provider CPR Certification Yes No
- Essentials of Firefighting Certification or equivalent Yes No
- Hazmat Awareness Certification Yes No
- Valid Pennsylvania Drivers License Yes No

Availability (Circle)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

If you do not meet the minimum qualifications, especially regarding availability, please explain below:

APPLICATION FORM WAIVER

Please read each paragraph closely, initial each, and sign below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize West Ridge Fire Department to thoroughly investigate my references, work records, education, driving record, criminal background and other matters related to my suitability for employment. I further authorize the employers, schools and other references I have listed to disclose to West Ridge Fire Department any and all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure. I hereby release West Ridge Fire Department, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the West Ridge Fire Department, other than one that is "at will." I understand and agree that if I am employed; my employment will be of an "at will" nature, whereby either the employee or the employer may terminate the employment relationship at any time, with or without cause or notice. I further understand that my employment, if hired, is for no definite or determinable period of time and may be terminated at any time, at the option of either myself or West Ridge Fire Department, and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the company's designated representative.

Signature of applicant: _____ Date: _____