

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

APP	LICATION FOR E	MPLOYN	IENT/ME	MBERSHIP	
PERSONAL IN	FORMATION				
Firent	To			Date_	ovurson samu
Name	a difficient description	aurin i			
Last Dragger and dragger	First	Middle		Maiden	Harring
Present address	Number S	Street	City State	Zip	
How long	stered to summi moure one in-	11180	many Collection	VALGROOM !	in as heater
Telephone ()		If under	18, please lis	t age	
e-mail	Social Security Number //				
EMPLOYMENT	DESIRED				
Part-Time Fire	fighter 🗅	V	/olunteer	Firefighter	
		is din .		J	D 11112 1/
(Part-Time ONLY)					
How many hours ca	n you work weekly?		Can you we	ork evenings?	
When are you availa				(alternace and makes	of such measure
tonon are you aren					
EDUCATION	ality of a streme or brown	MTHOM I	SHIPS PRINTED	Continue parties permit	left in both
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION		YEARS	MAJOR 8
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			COMPLETED	DEGREE
High School	- committee				
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College	toniv	19.0			a lanks
	mort				the state of
	OT.				
Business or Trade	with doctor	Lingh			
School				(sillpage off gnivi	al not nome
Professional or	ec, esuancialmente or prom	Li like Lac	into health	on haid, mines parts	of the bushe
Graduate School					14
		- 1		55	

Please list your work experience for the were self-employed, give firm name. Atta	past five years beginning with ach additional sheets if necessal	your most recent	job held. If you
Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From To	Start
	Your last job tit		111101
Reason for leaving (be specific)			
List the jobs you held, duties performed, worked at this company.	skills used or learned, advance	cements or promo	tions while you
Name of Employer	Name of last	Employment	Pay or salary
Address	supervisor	dates	ray or salary
		From	Start
	Variable to the State of the St	То	Start Final
Phone number	Your Last Job 1	То	
City, State, Zip Phone number Reason for leaving (be specific) List the jobs you held, duties performed, worked at this company.		To	Final
Phone number Reason for leaving (be specific) List the jobs you held, duties performed,		To	Final
Phone number Reason for leaving (be specific) List the jobs you held, duties performed, worked at this company.		To	Final
Phone number Reason for leaving (be specific) List the jobs you held, duties performed, worked at this company. Fire Name of Fire Department Address	skills used or learned, advanc	To	Final
Phone number Reason for leaving (be specific) List the jobs you held, duties performed, worked at this company. Fire Name of Fire Department	skills used or learned, advance Department Experience Name of last	To itle ements or promot	Final
Phone number Reason for leaving (be specific) List the jobs you held, duties performed, worked at this company. Fire Name of Fire Department Address City, State, Zip	Department Experience Name of last supervisor	To itle cements or promote Employment dates From To	Final
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Reason for leaving (be specific) List the jobs you held, duties performed, worked at this company. Fire Name of Fire Department Address City, State, Zip Phone number Reason for leaving (be specific)	Department Experience Name of last supervisor Your last job title	To itle cements or promote Employment dates From To	Final
Phone number Reason for leaving (be specific) List the jobs you held, duties performed, worked at this company. Fire Name of Fire Department Address City, State, Zip Phone number	Department Experience Name of last supervisor Your last job title	To itle cements or promote Employment dates From To	Final

lave you ever been convicted of f yes, explain number of convict		eading to conviction	(e) how re	cently such
offense(s) was/were committed,				centry such
BRID SALL		svuje ro jebrugani	vansperi	I mithed h
lave you ever been in the armed	forces?	Meature of equality	☐ Yes	□ No
Specialty	Date Entered Discharge Date		ate	
Are you now a member of the Na	tional Guard?		☐ Yes	□ No
If hired, can you provide proof of U.S. citizenship			☐ Yes	□ No
or proof of your legal right to liv	e and work in this country?	L POW VI	artur	YAZINDA
Have you ever been a member of this Department?			☐ Yes	□ No
f yes, when?				
Do you have any friends or relati	ves who belong to this Depa	artment?	☐ Yes	□ No
f yes, please provide their name	s and relationship to you			
If hired, would you have a reliabl	e means of transportation to	and from work?	☐ Yes	□ No
Are you able to perform the esse			□ Yes	□ No
of the job for which you are appl				
If not, please describe the function		to perform		
i not, please describe the function	ons of duties you are analic	- to perioriii	resonable la	I and allege
day managina	THE COURT OF THE PARTY OF THE P			
	to refer to the same of the sa	A transmitted MAN		
REFERENCES				
Please list below three persons i	not related to you who have	knowledge of your w	ork perfor	mance and/
personal qualifications within the	e last 5 years.	hotize the emiliare		
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Name - Company of the		Occupation		
Company name (if applicable)	Address	e meabally to nellage	lan i fise	el barblovi
Telephone	E-mail	Years acqua	ainted	ub to build
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Name I Salar IV Salar		Occupation		
Name		Occupation		
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Name		Occupation		
Company name (if applicable)	Address			
company name (n apphoasie)				
Telephone	E-mail	Years acqua	ainted	

Do you possess the minimum qualifications as described below?		
Minimum Qualifications High school diploma or GED equivalency Must be at least 18 years of age Medical training; Emergency Responder or equivalent Healthcare Provider CPR Certification Essentials of Firefighting Certification or equivalent Hazmat Awareness Certification Valid Pennsylvania Drivers License Availability (Circle)	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	No No No No No No No No
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDA	Υ	
If you do not meet the minimum qualifications, especially regarding availability, plea	se explain bel	ow:
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 mig chances for employment and that the answers given by me are true and continuous knowledge. I further certify that I, the undersigned applicant, have personal application. I understand that any omission or misstatement of material far other document used to secure employment shall be grounds for rejection immediate discharge if I am employed, regardless of the time elapsed before	orrect to the ally complete ct on this application of this application.	best of my ed this plication or any cation or for
I hereby authorize West Ridge Fire Department to thoroughly investigate reducation, driving record, criminal background and other matters related to employment. I further authorize the employers, schools and other reference to West Ridge Fire Department any and all documents, transcripts, letters, information related to these references, without giving me prior notice of screlease West Ridge Fire Department, my former employers, and all other partnerships and associations from any and all claims, demands or liabilities way related to such investigation or disclosures.	o my suitabiling my suitabiling ces I have lis reports and such disclosure persons, corporations.	ty for ted to disclose other e. I hereby porations,
I understand that nothing contained in the application, or conveyed during granted, or during my employment, if hired, is intended to create an employ and the West Ridge Fire Department, other than one that is "at will." I under am employed; my employment will be of an "at will" nature, whereby either employer may terminate the employment relationship at any time, with or we further understand that my employment, if hired, is for no definite or determinated at any time, at the option of either myself or West Ridge no promise or representation contrary to the foregoing is binding on the convirting and signed by me and the company's designated representative.	yment contra erstand and a the employe vithout cause ninable period e Fire Depart	act between me agree that if I ee or the e or notice. I d of time and ment, and that
signature of applicant: Date	e:	