



# Williamsport Bureau of Fire

## Fire Fighter Application for Employment

### Instructions

Print (*do not type*) answers to every question. If the question does not apply to you; mark with N/A. If you need more space, use the reverse side and proceed with the number of the referenced section. Do not misstate or omit information and facts since the statements made herein are subject to verification to determine your qualifications for employment.

### General Information – I

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

U.S. Citizen:  Yes

No \_\_\_\_\_

Naturalization Number      Date      Place      Court

### Residences - II

Please list all residences for the past ten (10) years, start with your current address

Address	From	To	Who did you reside with? <i>Provide name</i>	Where do they reside now? <i>Provide names</i>

**Family - III**

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List in order, showing relationship, parents, guardians, step-parents, foster parents, parents' in-law, brothers, sisters, step-brothers, step-sisters. Exclude any other you have resided with or with whom a close relationship existed or exists.

Relationship	Name	Address, if living
Father		
Mother		

**Vehicle Operator's License - IV**

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Provide the following information pertaining to your vehicle operator's license, which you have or have had.

Type of License	Number	Do you have any Endorsements	Issuing Authority	Expiration Date

Have you ever had your license Suspended or Revoked?  Yes  No

If yes, please explain the circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Conviction of Crime – V**

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Have you ever been convicted of a Misdemeanor Violation?  Yes  No  
 Felony Violation?  Yes  No  
 Other Criminal Violation?  Yes  No

If you stated yes to any questions please explain the violation, date and the circumstances of each.

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**Financial Status - VI**

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Do you have any income from any source other than your principal occupation?  Yes  No

Do you have or have you had any financial account (checking, savings, loans, stocks, bonds, etc.)?

Please provide the name of your current banking institution:

Bank name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of accounts:  Checking  Savings  other(s), specify \_\_\_\_\_

**Organization Memberships - VII**

Organization Name	Type	Office Held	Membership Date <i>To and From</i>

**Education – VIII**

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Please list all high Schools attended and attach a copy of your transcripts from the last school that you attended.

Name of School	Address	Dates Attended	Years Completed	Graduated

Please list all higher education schools that you attended. Include all colleges, universities, and trade schools, vocational and technical and military schools and attach transcripts from the last institution attended.

Name of School	Address	Dates Attended	Credit Hours	Degree Received

Major and minor courses taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Qualifications and Skills - IX**

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Please provide copies of any type of special license or certifications, such as Fire Investigation, EMT, FFI, FFII, etc.

Approximate number of words per minute that you can type: \_\_\_\_\_

Any other special qualifications you may have that were not covered in this application. Please provide as much detail as possible and supporting documentation. \_\_\_\_\_

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**Foreign Language - X**

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Enter language and indicate fluency \_\_\_\_\_

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**Hobbies and Sports – XI**

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Please list your hobbies and interest in sports: \_\_\_\_\_

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## Employment - XII

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Begin with your most recent job and list your work history for the past ten (10) years. Include part-time, temporary or seasonal employment and any periods of unemployment.

Dates of Employment	Name of Employer
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Job Title	Supervisor Name
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Salary	Description of Duties
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Dates of Employment	Name of Employer
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Job Title	Supervisor Name
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Salary	Description of Duties
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Dates of Employment	Name of Employer
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<b>Job Title</b>	<b>Supervisor Name</b>
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<b>Salary</b>	<b>Description of Duties</b>
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<b>Dates of Employment</b>	<b>Name of Employer</b>
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<b>Job Title</b>	<b>Supervisor Name</b>
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<b>Salary</b>	<b>Description of Duties</b>
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If additional employer blocks are needed, please attach requested information on a separate piece of paper.

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

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Have you ever resigned after being informed your employer intended to discharge you for any reason?  Yes  No

If yes, please give the name of employer and state the reason in each case. \_\_\_\_\_

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**Military Status - XIII**

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Have you ever served in the U.S. Armed Forces?     Yes     No

If yes, attach a photo copy of your discharge or separation papers.

Do you claim veteran's preference?                     Yes     No

While in the military service were you ever convicted for any crime graded as a Misdemeanor, Felony and greater offense?                     Yes     No

If yes, give date, place, law enforcement authority or type of court martial, charge and action taken for each incident. Use a separate sheet to detail this information.

Are you presently a member of U.S. Reserve or National or State Guard organization?  
 Yes     No

If yes, please complete the following:

Grade and Service No. \_\_\_\_\_

Service and Component: \_\_\_\_\_

Organization, Station or Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Status: \_\_\_\_\_

Indicate reserve obligation, if any: \_\_\_\_\_

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**Selective Service - XIV**

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Selective Service No \_\_\_\_\_

Last Classification: \_\_\_\_\_

Date: \_\_\_\_\_

Local Board: \_\_\_\_\_



Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_

**Character References - XV**

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List only character references that have definite knowledge of your qualifications for the position of application. List five (5) character references. (Do not list relatives, former employers, or persons living outside the United States).

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Years Known: \_\_\_\_\_

**Other Information - XVI**

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, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for a position with any other governmental agency?  Yes  No

If yes, who? \_\_\_\_\_

When: \_\_\_\_\_

Position: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Remarks - XVII**

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Please indicate any other items/comments you might want us to consider while making our decision: \_\_\_\_\_

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

I further agree and consent in advance to being summarily discharged without cause or hearing, if any, of the above information contains any misrepresentations or falsifications or if any material information has been omitted.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Williamsport Bureau of Fire Fire Fighter Application for Employment

Each of the undersigned respectfully represents to the Fire Civil Service board of the City of Williamsport that he/she knows the applicant personally and knows him/her to be a person of good moral character and sober and consents that this certificate may be made public, and is willing to furnish any other information, concerning the applicant which he/she possess to the said Fire Civil Service board.

### Voucher No. 1

*To be completed by the person who signs it*

I, the undersigned hereby certify upon my honor that I am more than twenty on (21) years old and by occupation a \_\_\_\_\_ (*print*) and that I am by me in this voucher are in my own handwriting; that I have carefully read the answers of the applicant to the questions contained in this application, consent that this certificate may be made public and that I am willing to furnish to the Fire Civil Service board any other information which I may possess concerning this applicant.

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### Questions

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant?     Yes     No
3. Do you know of any incident in the history of the applicant that might disqualify him/her for the duties of the position in which he/she seeks employment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is the applicant of good reputation and of industrious habits?     Yes     No
5. Would you yourself trust the applicant with employment requiring undoubted honesty and courage?     Yes     No

6. Was the applicant ever in your employ?  Yes  No

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Williamsport Bureau of Fire Fire Fighter Application for Employment

Each of the undersigned respectfully represents to the Fire Civil Service board of the City of Williamsport that he/she knows the applicant personally and knows him/her to be a person of good moral character and sober and consents that this certificate may be made public, and is willing to furnish any other information, concerning the applicant which he/she possess to the said Fire Civil Service board.

### Voucher No. 2

*To be completed by the person who signs it*

I, the undersigned hereby certify upon my honor that I am more than twenty on (21) years old and by occupation a \_\_\_\_\_ (*print*) and that I am by me in this voucher are in my own handwriting; that I have carefully read the answers of the applicant to the questions contained in this application, consent that this certificate may be made public and that I am willing to furnish to the Fire Civil Service board any other information which I may possess concerning this applicant.

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### Questions

7. How long have you known the applicant? \_\_\_\_\_

8. Are you related to the applicant?  Yes  No

9. Do you know of any incident in the history of the applicant that might disqualify him/her for the duties of the position in which he/she seeks employment? \_\_\_\_\_

10. Is the applicant of good reputation and of industrious habits?  Yes  No

11. Would you yourself trust the applicant with employment requiring undoubted honesty and courage?  Yes  No

12. Was the applicant ever in your employ?  Yes  No

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Fire Civil Service Commission

Williamsport Bureau of Fire  
440 Walnut Street  
Williamsport, PA 17701

To Whom It May Concern,

I, \_\_\_\_\_, have applied for a position as a Fire Fighter with the Williamsport Bureau of Fire.

I hereby grant full authority to any member of the Williamsport Bureau of Fire or to any other person requested by the Williamsport Bureau of Fire to review, copy and deliver to the Williamsport Bureau of Fire and to the Fire Civil Service Commission of the Williamsport Bureau of Fire any and all records as part of a background investigation into my character and reputation.

This waiver includes any and all records concerning my education for the purpose of verifying attendance and/or completion, certificates obtained and records and comments regarding my attitude, deportment and general citizenship.

This waiver also includes any and all records that reflect current and past employment including attendance, positions held, salaries received and comments from fellow co-workers, supervisors and subordinates.

Further, I hereby grant authority for any doctor, dentist, or general agency to disclose any and all information concerning my physical and mental well-being. Also included in this waiver are my records dealing with my credit rating and financial status, including real estate holdings, which would be available at a bank, credit corporation or concern, private or commercial officer or official.

I grant this permission knowing full well that this information may be privileged and possibly could not be disclosed without my expressed written permission and I affix my signature in the presence of a Notary Public.

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Signature of Applicant

Sworn to and subscribed before me

The \_\_\_\_\_ day of \_\_\_\_\_, 2017.

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Notary Public  
My Commission Expires



**THIS OATH MUST BE TAKEN BEFORE A NOTARY, OR OTHER PERSONS  
COMPETENT TO ADMINISTER OATHS.**

Commonwealth of Pennsylvania     )  
County of Lycoming                 )  
City of Williamsport                )

Personally appeared before me, the subscriber, \_\_\_\_\_

The within named applicant who being duly sworn, or affirmed, according to law, deposes and says that the statement contained herein are true and correct to the best of his/her knowledge and belief and that the answers made by him/her are in his/her own handwriting.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name in Full

Sworn to and subscribed before me

The \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Notary Public  
My Commission Expires

# City of Williamsport

## Fire Civil Service Board

### Accident Waiver

Whereas, the Fire Civil Service Board of the City of Williamsport has called examinations to be held for the position of Fire Fighter, and Whereas, I \_\_\_\_\_

The undersigned residing at \_\_\_\_\_

Have presented to said Fire Civil Service board my signed application to participate in this examination and have been informed that as part of the examination given for this position, it will be necessary for me to demonstrate my strength, endurance and physical agility in a series of tests.

NOW, therefore, I, for myself, my heirs, executors, administrators or assigns hereby waive any or all claims against the City of Williamsport, Fire Civil Service Board, the City of Williamsport and its agents now and hereafter to accrue for, on account of, because of any injury or damage that I may sustain because of, in connection with, or on account of this physical, strength and agility test and hereby release the City of Williamsport, Fire civil Service Board, the City of Williamsport and its agents from any or all liability or claim for damages or any injury occurring as a result of these tests.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

\_\_\_\_\_  
Candidate

\_\_\_\_\_  
Witness