



2023 Fire Fighter Application

Application for Employment

Williamsport Bureau of Fire
440 Walnut Street
Williamsport, PA 17701
(570) 327-1602

Paid – Check/M.O. # _____

Received by: _____



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: _____

Email address: _____

Social Security No: _____

Date of Birth: _____ Age: _____

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> |
|---------|------|----|--|---|
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Family - III

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 | | |
| | | |
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Vehicle Operator's License - IV

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

If yes, please explain the circumstances: _____

Conviction of Crime – V

Have you ever been convicted of a Misdemeanor Violation? Yes No
Felony Violation? Yes No
Other Criminal Violation? Yes No
Have you ever been convicted of a DUI? State: _____ Yes No
If yes, did you receive ARD? Yes No
Have you had additional DUI's? If yes, please specify below: Yes No

If you stated yes to any questions please explain the violation, date and the circumstances of each. Please specify the outcome of each what state the violation occurred in.

Financial Status - VI

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

Please provide the name of your current banking institutions:

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> |
|-------------------|------|-------------|---------------------------------------|
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Education – VIII

Please list all high Schools attended: *(Attach a copy of your Diploma or GED Certification)*

| Name of School | Address | Dates Attended | Years Completed | Graduated |
|----------------|---------|----------------|-----------------|-----------|
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| | | | | |
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Please list all higher education schools that you attended. Include all colleges, universities, and trade schools, vocational and technical and military schools. *(Attach a copy of your Diploma or Certificates of Completion)*

| Name of School | Address | Dates Attended | Credit Hours | Degree Received |
|----------------|---------|----------------|--------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Major and minor courses taken: _____

Special Qualifications and Skills - IX

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. _____

Foreign Language - X

Enter language and indicate fluency _____

Hobbies and Sports – XI

Please list your hobbies and interest in sports: _____

Employment - XII

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 |
|----------------------------|-------------------------|

| | |
|------------------|------------------------|
| Job Title | Supervisor Name |
|------------------|------------------------|

| | |
|---------------|------------------------------|
| Salary | Description of Duties |
|---------------|------------------------------|

| | |
|----------------------------|-------------------------|
| Dates of Employment | Name of Employer |
|----------------------------|-------------------------|

| | |
|------------------|------------------------|
| Job Title | Supervisor Name |
|------------------|------------------------|

| | |
|---------------|------------------------------|
| Salary | Description of Duties |
|---------------|------------------------------|

| | |
|----------------------------|-------------------------|
| Dates of Employment | Name of Employer |
|----------------------------|-------------------------|

| | |
|------------------|------------------------|
| Job Title | Supervisor Name |
|------------------|------------------------|

| | |
|----------------------------|------------------------------|
| Salary | Description of Duties |
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| | |
| Dates of Employment | Name of Employer |
| | |
| Job Title | Supervisor Name |
| | |
| Salary | Description of Duties |
| | |
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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. _____

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. _____

Military Status - XIII

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

If yes, attach a copy of your (DD214) discharge or separation papers.

Do you claim veteran's preference? Yes No

Do you wish to use them on this exam? 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 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: _____

Selective Service – XIV

If you have not already registered then go to WWW.SSS.GOV to register online.

Selective Service No _____

Last Classification: _____

Date: _____

Local Board: _____

Address: _____

City, State and Zip: _____

Character References - XV

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

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

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.

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.

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 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.

This waiver also permits/allows the Williamsport Bureau of Police or any other governmental agency to review and be granted full access to any social media platform. If requested, all log-ins and passwords will be furnished to such agency.

Please check all that apply:

- Facebook Twitter Instagram You Tube Tik Tok Reddit Snapchat
 WhatsApp Messenger Tumblr Other, _____

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.

Signature of Applicant

Sworn to and subscribed before me

The _____ day of _____, 2023.

Notary Public

**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 - Printed

| |
|--|
| Sworn to and subscribed before me The _____ day of _____, 2023. _____ Notary Public |
|--|

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

Sworn to and subscribed before me

The _____ day of _____, 2023.

Notary Public

City of Williamsport

Fire Civil Service Board

ATTACHMENTS

Please attach the following items to your application for employment consideration:

- Copy of valid PA Driver License
- Copy of Social Security card
- Copy of all (3) background checks (*Checks must be current, within the last (5) five years. I.e., 4/3/2018 to present), if you currently have them. If not, you have thirty (30) days (deadline is October 30th, 2023) to turn in valid checks*
 - PA Child Abuse, **Act 151 – Clearance**
 - PA Criminal Background, **Act 34 – Clearance**
 - FBI, **Act 114 – Clearance**
- Copy of high school/college diploma or GED or certifications
- Copy of DD214, *if applicable*
- Resume
- Any related certifications or achievements that pertain to this job