

JOHNSONBURG FIRE DEPARTMENT

APPLICATION

Johnsonburg Fire Department (“Johnsonburg”) considers applications for employment/membership without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by law. All employment applications will be reviewed by management. Upon acceptable review by the Company, the applicant will be considered for employment/membership.

Position Applied For:

_____ Ambulance _____ Firefighter _____ JR Firefighter & (Cadet) _____ Auxiliary

JOHNSONBURG DOES NOT TOLERATE THE USE OF ILLEGAL DRUGS

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail address: _____

Are you at least **18** years of age? YES NO

If no, a parent or legal guardian must sign this application and, if you are still in high school, you must attach a work certificate and the parental permission slip to this application.

How did you find out about Johnsonburg?

List any relatives or friends who are members of Johnsonburg:

VOLUNTEER FIRE COMPANY AND PUBLIC SAFETY EXPERIENCE

Have you ever been a member or employee of Johnsonburg or any other Fire Company, ambulance service, or other public safety organization in the past? If so, indicate the name and location of the company, date of membership or employment, and reason for leaving:

CERTIFICATION INFORMATION
(Photocopies or other verification required at interview)

Certification	Certification Number	Expiration Date	Instructing/Certifying Agency
CPR			
EMT/EMT-P			
ALCS			
PALS			
Firefighter 1 Certification			
Basic Vehicle Rescue			
Basic Rescue Practices			
Hazmat Tech			

GENERAL INFORMATION

Do you have a valid Driver's License? YES NO Type: _____

Issued by what State? _____ **Driver's License #** _____

List all moving traffic violations (convictions) and accidents you have had in the last five years. For each violation, describe the violation and the date of conviction, and for each

accident, describe the date, type of accident, date, and if you were at fault:

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor, including a **DUI/DWI** or similar offense, or had your license revoked or suspended?

YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from employment.

EMPLOYMENT HISTORY

(List your last three employers starting with the most recent.)

1. Employer: - _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

2. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

3. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

MILITARY EXPERIENCE:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

PRIOR CONDUCT

With respect to your past employment and volunteer activities, have you ever been:

- Placed on probation or terminated for excessive absenteeism? YES NO
- Disciplined or fired for insubordination? YES NO
- Disciplined or fired for violation of safety rules? YES NO
- Disciplined or fired for assault or fighting? YES NO
- Disciplined or fired for harassment? YES NO
- Disciplined or fired for patient abuse? YES NO
- Disciplined or fired for alcohol or drug related activity? YES NO

If you answered yes to any question above, please explain: _____

Answers of "Yes" for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest grade completed: _____ Have you received your GED? YES NO

COLLEGE:

Name: _____ Address: _____

Years Completed: _____

Did you graduate? YES NO _____

Degree: _____ Major: _____ Minor: _____

OTHER COLLEGE:

Name: _____ Address: _____

Years Completed: _____

Did you graduate? YES NO _____

Degree: _____ Major: _____ Minor: _____

TECHNICAL SCHOOL:

Name: _____ Address: _____

Years Completed: _____

Did you graduate? YES NO _____

Certificate: _____ License: _____

Expires: _____ Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____ Address: _____

Years Completed: _____

Did you graduate? YES NO _____

Certificate: _____ License: _____

Expires: _____ Expires: _____

OTHER: _____

FIRE SERVICE/EMS RELATED TRAINING IN ADDITION TO CERTIFICATIONS:

FIRE/EMS/PROFESSIONAL AFFILIATIONS (other than listed under prior employment or prior fire company membership):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

What motivated you to apply for employment at Johnsonburg?

REFERENCES

List **three** persons, other than relatives and past employers, who have knowledge of your character, work experience, education, or volunteer activities.

Name: _____ Address: _____

Occupation: _____ Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____ Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct. I understand that any false information or the omission of information may be sufficient reason for denial of employment/membership or termination of employment/membership if I become an employee. I recognize that completion of this application **does not** imply acceptance and **does not** obligate Johnsonburg to hire me or grant me membership status. Applications will remain active for six months, after which time re-application will be necessary. If accepted for employment/membership I agree to abide by all rules, regulations, and policies established by Johnsonburg or its officers. I understand that if hired or granted membership, my employment/membership is at will and may be terminated at anytime for any reason. This application is not an agreement or a contract for employment or membership.

I understand that I may be required to undergo drug and alcohol screening tests as a condition of employment/membership, and at times while I am an employee/member. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment/membership and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Johnsonburg, and I give my consent to the release of all information which the Company deems necessary to determine my ability to perform duties now or in the future. I further understand that refusal to submit to an alcohol or drug screen test at any time may result in immediate discharge from Johnsonburg.

I hereby authorize Johnsonburg and a police department of the Company's designation to make any investigation deemed necessary in connection with my application for employment/membership, including a criminal history check, driving history check, child abuse clearance check and other such inquiries. I release Johnsonburg and any agency acting on Johnsonburg's behalf, and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

Applicant's Signature: _____ **Date:** _____

Printed Name: _____

Signature of Parent or Legal Guardian:

(Required if applicant is under 18 years of age)



JOHNSONBURG FIRE DEPARTMENT

FIRE - RESCUE - EMS

99 CLARION ROAD

JOHNSONBURG, PA 15845

PHONE 814-965-4276 FAX 814-965-4276

JOHNSONBURG FIRE DEPARTMENT

JOHNSONBURG FIRE DEPT. AMBULANCE

P. O. Box 355

P. O. Box 63

JOHNSONBURG, PA 15845

JOHNSONBURG, PA 15845

J- No _____

Please Print

VFIS

Beneficiary Designation For Accident & Sickness Policy

Name _____

Date of Birth _____ Date Joined _____

Dept _____

Complete, sign and date this block if you wish to name or change your beneficiary

Primary Beneficiary Name _____ Relationship _____ Date of birth _____ Share _____ %

Birth _____ Name _____ Relationship _____ Date of Share _____ %

Contingent Beneficiary Name _____ Relationship _____ Date of Birth _____ Share _____ %

Birth _____ Name _____ Relationship _____ Date of Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve to revoke or change this designation.

Signature _____ Date _____

This form will be retained in your department file.

Additional Information Needed Below.

Address _____

City _____

Zip _____

Telephone Number _____ **Cell Phone**

No _____

Drivers License No. _____ **Expiration**

Date _____

Social Security No. _____

E-Mail Address

dept/ben/form/6/06/new