

CITY OF BRADFORD

Firefighter Application



Today's Date
Name (Last, First, Middle)



This application will be evaluated by those persons responsible for hiring at the Bradford Fire Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the Bradford Fire Department.

FOLLOW DIRECTIONS CAREFULLY

1. USE BLACK OR BLUE INK TO COMPLETE THE QUESTIONNAIRE.
2. COMPLETE THE FORM IN YOUR OWN WRITING OR PRINTING, DO NOT TYPE, WRITE OR PRINT LEGIBLY.
3. READ EACH QUESTION CAREFULLY.
4. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY. ANSWER ALL QUESTIONS.
5. DO NOT LEAVE ANY BOXES BLANK. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
6. FOR ADDITIONAL EMPLOYMENT SPACE COPY AN EMPLOYMENT HISTORY PAGE.
7. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE ADDITIONAL BACK PAGE.
BEFORE RETURNING QUESTIONNAIRE, READ AND SIGN ON PAGE 7, MAINTAIN A COPY FOR YOUR RECORDS.

- * **Applicant must be a citizen of the United States and be physically fit to perform the duties of the position.**
Applicant must not have been dismissed from public service for delinquency or misconduct in office.
Applicant must not be affiliated with any group whose politics or activities are subversive to the form of government set forth in the Constitution and laws of the United States and the Commonwealth of Pennsylvania.
Applicant must not be guilty of any crime involving moral turpitude or of infamous or notoriously disgraceful conduct.
Applicant must not be addicted to the habitual use of intoxicating liquors or narcotic drugs.
- ___ **Must provide a copy of DD-214 if discharged from the military armed forces.**
 ___ **Applicant must attach a photograph 1 1/2" X 2" inch to this application.**
 ___ **A photocopy of a birth certificate for proof of age must be attached.**
 ___ **Applicant must provide a copy of their high school diploma.**
 ___ **Applicant must provide a copy of a current valid driver's license.**
 ___ **Required to furnish proof of successfully completing the EVOC training.**
 ___ **Required to furnish proof of successfully completing the EMT or Paramedic training course, or a valid waiver of training from the commission.**

REFERRAL SOURCE / AVAILABILITY

A	Current Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not working
B	What types of work will you accept? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
C	Please indicate your referral source: <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> City Employee <input type="checkbox"/> Facebook <input type="checkbox"/> Walk-In <input type="checkbox"/> Newspaper <input type="checkbox"/> email list <input type="checkbox"/> City of Bradford Website
D	If other referral source (please specify the name of the website, friend, city employee or agency in which you found out about this position):
E	If you are not available for work now, enter the earliest date you could begin work? <input type="checkbox"/> As soon as possible <input type="checkbox"/> Two week notice <input type="checkbox"/> Need more notice

1. PERSONAL DATA

Last Name		First Name			Middle Name			
Current Address		Street Name & Number (No PO Boxes)		City	State	Zip Code		
Email		List any other names you have ever used (including maiden name)						
Home Phone ()		Alternate Phone Number ()			Notification Type Preference: <input type="checkbox"/> Email <input type="checkbox"/> Paper			
Age	Date of Birth	Place of Birth (City & State)	Sex	Race	Height	Weight	Hair Color	Eye Color
Tattoos (Description & Location)							Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check One:		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Spouse's Full Name			Spouse's Date of Birth	

A Starting with your present address, list all physical addresses you have had for the past (10) years, including your addresses in the military service. Include each duty station separately. PO Boxes are not acceptable.

Dates MO/YR		Street Address	City	County	State	Zip Code
From	To					
	Present					

VOLUNTARY: Persons with disabilities who DO NOT WISH to report their disabilities should respond to the next question as "no". Information reported regarding this question will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of PA Law.

B Do you have a disability? Yes No

DISABILITY: Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990).

If you answered yes to the above stated question, please list your disability:

C Can you submit proof of your legal right to work in the United States? Yes No

D Are you a previous City of Bradford employee? Yes No

If yes, please list dates of employment: (MO / YY)

E Are you related by blood or marriage to a person now employed by the City of Bradford? Yes No

If yes, please indicate:

Name: _____ Relationship: _____ Department: _____

2. REFERENCES

**List three (3) references who are responsible adults, and who have known you well for at least the last three (3) years.
(NO relatives, household members, or former employers)**

Name		Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ()	Business Phone ()		
Name		Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ()	Business Phone ()		
Name		Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ()	Business Phone ()		

3. EDUCATION

A Indicate by checking all boxes that apply if you have any of the following:		<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED Certificate <input type="checkbox"/> College Degree <input type="checkbox"/> Masters Degree			
High School Name		Address		City	State Zip Code
Dates Attended (MM/YY) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
High School Name		Address		City	State Zip Code
Dates Attended (MM/YY) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
Name(s) and location(s) of Colleges, Universities or vocational schools attended or internships:					
College Name		Address		City	State Zip Code
Dates Attended (MM/YY) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name		Address		City	State Zip Code
Dates Attended (MM/YY) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name		Address		City	State Zip Code
Dates Attended (MM/YY) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		

B	Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning? If YES, explain below or on the additional back page.	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. EMPLOYMENT HISTORY

A Have you ever been dismissed or asked to resign from ANY employment? Yes No If YES, explain on the back page.

B If you do not want your present employer to be contacted, check the box to the right and on the back page explain why.

Beginning with your present employer or most recent employer, list **ALL** of the places you have worked during the last ten (10) year period. Keep in chronological order. **List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last ten (10) year period. Omit None!** Copy the employment page and continue your information on the copy(s).

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City State	Phone () Zip Code
		Starting Salary Ending Salary

Describe your duties

Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City State	Phone () Zip Code
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From MO/YR	Name	Job Title
	Street Address	Supervisor
To MO/YR	City	Phone ()
	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week		
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	Street Address	Supervisor
To MO/YR	City	Phone ()
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Starting Salary		
Ending Salary		
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From MO/YR	Name	Job Title
	Street Address	Supervisor
To MO/YR	City	Phone ()
	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week		
Detail Reason for Leaving		

5. MILITARY HISTORY

A List branch of service	Highest Rank attained
	Type of Discharge
	Date entered
	Date discharged
Describe your duties	
Other types of equipment you can operate:	
B Do you have U.S. Armed Forces reserve obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C Do you claim veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
D Other comments or information:	

Authorization and Release to Obtain Information

I, _____ authorize the City of Bradford to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that the City of Bradford may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by the City of Bradford.

I hereby release the City of Bradford, Pennsylvania, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the City of Bradford.

*Signature

PLEASE READ BEFORE SIGNING

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, previous employers, military units, associations, registration and licensing boards, and others to furnish the City of Bradford whatever detail is available concerning my qualifications. I authorize the City of Bradford to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application or disciplinary action up to and including dismissal shall I become an employee of the City of Bradford. I further understand that I will not receive and am not entitled to a copy of any report of background investigation or to know its contents.

I understand that If I am currently employed as law enforcement, correctional officer, by a law enforcement or criminal justice related agency of any type, the results of any background checks may be made available to my current employer, whether or not I am offered employment by the City of Bradford.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I certify and acknowledge that I meet minimum age requirements of applicable laws by the City of Bradford policy. If required, I will complete a Surety Bond Application. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment. I will participate in the Direct Payroll Deposit program as a condition of employment.

I further authorize the City of Bradford and its representatives to perform any criminal records checks that may be required as part of this application process. I understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with the City of Bradford is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the City of Bradford specifically acknowledges such change in writing. I hereby release the City of Bradford and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.

The City of Bradford is an Equal Opportunity Employer

Federal law prohibits discrimination in employment practices because of race, color, religion, age, sex, or national origin.

*Signature of Applicant (Unsigned applications will not be processed)

Date

Print Name

