

# Windber Fire Company No. 1

INCORPORATED JUNE 1900  
1620 SOMERSET AVENUE  
Windber, Pennsylvania 15963



## WINDBER FIRE DEPARTMENT FIREFIGHTER/EMS PROVIDER APPLICATION

### General Instructions:

This application consists of several sections: a questionnaire; a disclosure form, a notification procedure release, verification; a general waiver; a polygraph release; and a description of essential job functions. Every one of these sections must be completed for the Windber Fire Department to accept the application as complete. Print or type an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use the reverse side and proceed with the number of the referenced block. **Do not misstate or omit material facts; since the statements made herein are subject to verification to determine your qualifications for employment.**

### Questionnaire:

1. \_\_\_\_\_  
Last Name                      First Name                      Middle Name
2. \_\_\_\_\_  
Social Security Number
3. \_\_\_\_\_  
Alias(es), Nickname(s), Other Changes in Name
- 3a. \_\_\_\_\_  
Telephone Number
4. \_\_\_\_\_  
Present Address                      Street                      City                      State                      Zip
5. \_\_\_\_\_  
U.S. Citizen: Native (Yes/No)                      Naturalization No.                      Date                      Place                      Court

### 6. Residences: List all for the past ten (10) years, beginning with your current address:

From – To (Month/Year)	Address:

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## 7. Family

List in the order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, stepbrothers, and stepsisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship:	Name:	Address (if living):

## 8. Vehicle Operator's License:

Give the following information concerning any vehicle operator's license you have held or hold now.

License Type:	License Number:	Issuing Authority:	Expiration Date:

Have you ever had a license suspended or revoked?  YES  NO If Yes Why? \_\_\_\_\_

## 9. Conviction of a Crime:

Have you ever been convicted of a misdemeanor or felony?  YES  NO

If yes, state violation, the court of jurisdiction, date of conviction, and contact number. \_\_\_\_\_

## 10. Financial Status:

Do you have any income from any source other than your principal occupation?  YES  NO

If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

The source(s): \_\_\_\_\_

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## 10a. Financial Status Continued:

Do you have or have you had any financial accounts (savings, checking, loans, stocks, bonds, etc.)? List all accounts during the past seven (7) years.

Name and Address of Financial Institution	Type of Account

## 11. Past and Present Membership in Organizations:

Organization:	Type: (Social, etc.)	Office(s) Held:	Membership Dates:

## 12. Subversive Organizations:

- Yes No** Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means:
- Yes No** Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?
- Yes No** Are you now associating with, or have you associated with, any individual including relatives whom you know or have reason to believe are or have been members of any of the organizations identified above?
- Yes No** Have you ever been engaged in any of the following activities of any organization of the type described above: Distribution(s) to, attendance at, or participating in any organizational, social, or other activities of said organization or any projects sponsored by them, the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?

If yes to any of the answers above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify the nature and extent of association with each, including office or position held, also include dates, places, phone numbers, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

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**13. Education:**

- A. List all elementary, junior high, and high schools attended. Attach transcript and diploma from last high school attended and/or G.E.D. along with phone numbers. If any education was under a different name, please indicate and provide the name.

Name:	City/State:	Year:	Graduated Yes or No:

- B. Higher Education. List all colleges or universities attended and their phone numbers. Attach transcript, diploma if completed, and contact number from the last institution.

Name:	City/State:	Year:	Major/Minor:	Graduated Yes/No:

- C. Other schools or training (trade, vocational, military). Give for each name, location, and phone number of schools, dates attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

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**14. Special Qualifications and Skills:**

**A.** Indicate the type of special license such as pilot, radio operator, etc., showing license authority, where the license was first issued, contact number, and date the current license expires.

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**B.** Special skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices, Pro-Board, IFSAC, National Registry, Pennsylvania Department of Health, etc.)

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**C.** Approximate number of words per minute: Keyboard or typing \_\_\_\_\_ Shorthand \_\_\_\_\_.

**D.** Special qualifications not covered in application: (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors, or fellowships received, etc.)

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**15. Foreign Language:**

Enter language, indicate fluency, and were taught.

Language:	Reading:	Speaking:	Understanding:	Writing:

**16. Foreign Travel:**

Exclude trips of less than 30 days to Canada or Mexico, and travel as a direct result of U.S. military duties.

Dates:	Country:	Reason:

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## 17. Hobbies and Sports:

If it's an organization such as coaching list a contact name and phone number.

Name:	Affiliation:	Dates To / From:	Contact Name & No.

## 18. Employment:

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

<b>DATE:</b>		<b>Name, Address, and Phone # of Employer</b>	
<b>TO:</b>	<b>FROM:</b>		
<b>Salary:</b>		<b>Job Title:</b>	
<b>Description of Duties:</b>			
<b>Reason for Leaving:</b>			
<b>Supervisor:</b>			
<b>Supervisor Phone #:</b>		May we contact this supervisor? [ ] Yes [ ] No	
<b>DATE:</b>		<b>Name, Address, and Phone # of Employer</b>	
<b>TO:</b>	<b>FROM:</b>		
<b>Salary:</b>		<b>Job Title:</b>	
<b>Description of Duties:</b>			
<b>Reason for Leaving:</b>			
<b>Supervisor:</b>			
<b>Supervisor Phone #:</b>		May we contact this supervisor? [ ] Yes [ ] No	
<b>DATE:</b>		<b>Name, Address, and Phone # of Employer</b>	
<b>TO:</b>	<b>FROM:</b>		
<b>Salary:</b>		<b>Job Title:</b>	
<b>Description of Duties:</b>			
<b>Reason for Leaving:</b>			
<b>Supervisor:</b>			
<b>Supervisor Phone #:</b>		May we contact this supervisor? [ ] Yes [ ] No	

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***If additional employer blocks are needed, please attach the requested information on a separate sheet.***

Have you ever been discharged, asked to resign, furloughed, put on inactive status for causes, or subject to disciplinary action while in any position (except military)? If yes, state the reason, name of employer/organization, and phone #.

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Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, explain, giving the name, address, and phone number of the employers, approximate date, and reasons in each case.

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## **19. Military Status:**

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

To qualify it must be under honorable conditions. You must have completed your military commitment.

Do you claim veteran's preference?  Yes  No

*If yes, attach a photocopy of the discharge or separation papers. DD214 long form.*

- A.** While in military service, were you ever convicted for any crime graded as a Misdemeanor or Felony Offense?  Yes  No

If yes, give the date, place, law enforcing authority or type of court or court martial, charge, and action taken for each incident, using a separate sheet to record this information. Also include the phone number of that authority.

- B.** Are you presently a member of a U.S. Reserve or State Guard Organization?  Yes  No

If yes, complete the following:

Grade and Service No: \_\_\_\_\_

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

Organization, Station, or Unit, address, and phone number: \_\_\_\_\_

\_\_\_\_\_

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

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

## **20. Selective Service**

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

Selective Service No.: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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## 21. Character References

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

Name:	Address:	Contact Number:	Years Known:

22. 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, give details.

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23. Have you ever applied for a position with any other governmental agencies? If yes give details and contact names and phone numbers.

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## 24. Remark

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





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## Verification

The information I have provided in the foregoing Application is true and correct to the best of my knowledge, belief, and understanding. I understand that any false statement contained therein is subject to the penalties prescribed by 18 Pa. C.S.A. section 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Name: (Printed)

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

## Notification Procedure Release

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of firefighter with the Windber Fire Department.

If conventional methods fail in attempting to contact the applicant, a certified registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the Windber Fire Department in writing of the address change. By affixing your signature to this form, the applicant acknowledges that you have read and understood the contents of this procedure.

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

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

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## WINDBER FIRE DEPARTMENT

### AUTHORITY OF RELEASE OF INFORMATION

#### PHASE I

Last Name:	First Name:	Middle Name:	
Social Security Number:	Sex:	Race:	DOB: Month/Day/Year
Place of Birth:	Country or City:	State:	Country:

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Windber Fire Department, whether the said records are public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including record of deposits, withdrawals and balances of checking, savings, and loans, and the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including Background Reports, efficiency ratings, complaints or grievances filed by me or against me, and salary records; real and personal property, tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any area which I presently have interest.

I reiterate and emphasize that this authorization intends to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Windber Fire Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source of the information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Windber Fire Department. I understand that all materials about this background investigation become the property of the Windber Fire Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or because of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_.

My Commission Expires \_\_\_\_\_, 20\_\_.

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

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

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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