



RADNOR FIRE COMPANY

121 S. WAYNE AVENUE • P.O. BOX 31
WAYNE, PENNSYLVANIA 19087-0031
BUSINESS: (610) 687-3245
FAX: (610) 687-8849
VOICE MAIL: (610) 687-9344

RADNOR FIRE COMPANY

EMPLOYMENT APPLICATION

Radnor Fire Company

Personal Information

Name: _____
Last First Middle

Address: _____
Number Street Apt.

_____ City State Zip Code

Phone: Primary (_____) _____ Secondary (_____) _____

Date of Birth: _____ Social Security Number: _____

Email: _____

Driver's License Information

License Number: _____ State: _____ Class: _____

Restrictions: _____ Expiration: _____

Have you been convicted within the last four years of driving under the influence of alcohol or drugs, and/or within the last two years, been convicted of reckless driving or had your driver's license suspended under a points system? _____. If yes, please describe in full on the reverse side or on an attached document.

Emergency Contact Information

Name: _____ Name: _____

Email: _____ Email: _____

Phone: Primary (_____) _____ Phone: Primary (_____) _____

Phone: Secondary (_____) _____ Phone: Secondary (_____) _____

Relation: _____ Relation: _____

Personal Health History Form - Confidential Information

Name: _____
Last First Middle

Address: _____
Number Street Apt.

_____ City State Zip Code

Date of Birth: _____ Social Security Number: _____

Note: You may either fill in your Communicable Disease History and Immunization Records below or attach a copy of your immunization and vaccination records from your doctor.

Communicable Disease History - Confidential Information

| Disease | Date Of Illness | Disease | Date Of Illness | Type |
|-------------------|-----------------|--------------|-----------------|-------|
| Measles (Rubella) | _____ | Tuberculosis | _____ | _____ |
| Measles (Rubella) | _____ | Meningitis | _____ | _____ |
| Mumps | _____ | Malaria | _____ | _____ |
| Chickenpox | _____ | Hepatitis | _____ | _____ |
| HIV Infection | _____ | | | |

Immunization Records - Confidential Information

| Type | Date | Type | Date |
|----------------------------|-------|--------------------|-------|
| Hepatitis B Vaccine Series | _____ | TB Skin Testing | _____ |
| Antibody Titer Result | _____ | Influenza Vaccine | _____ |
| Measles, Mumps, Rubella | _____ | Chickenpox Vaccine | _____ |
| Booster | _____ | Tetanus/Diphtheria | _____ |

Official Use Only

Date of Blood-borne Pathogen Training: _____ Initials of Trainer: _____

Date Received: _____

All records listed on this form are confidential in nature and are only to be used by the designated officer in the case that the individual named above has an exposure to a blood-borne or airborne pathogen. (OSHA 1910.1020)

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Training Certifications

Check all that apply; use the back of this page or an attached document to list any fire certifications and additional schools or courses attended (please attach photocopies of certifications).

- | | |
|--|------------------------|
| 1. <input type="checkbox"/> CPR | Expiration Date: _____ |
| 2. <input type="checkbox"/> First Responder | Expiration Date: _____ |
| 3. <input type="checkbox"/> Emergency responder | Expiration Date: _____ |
| 4. <input type="checkbox"/> Advanced First Aid | Expiration Date: _____ |
| 5. <input type="checkbox"/> EMT-Basic #: _____ | Expiration Date: _____ |
| 6. <input type="checkbox"/> Other (Please Specify) _____ | Expiration Date: _____ |

Experience

Please indicate any relevant experience in emergency services or other. We reserve the right to contact any organization or person involved with your experience.

Name & Location of Department: _____

Position and/or Rank Held: _____

Dates Served: _____

Reason for Leaving: _____

Officer in Charge: _____

Phone: (_____) _____

Education/Employment

Please indicate your most recent employment and education. We reserve the right to contact any organization or person involved with your education and/or employment.

School: _____

Degree: _____ Years Attended: _____

Employer: _____

Address: _____

Title: _____ Years Employed: _____

Supervisor: _____ Phone: (_____) _____

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Personal References

Please choose references who have worked with you or can testify to your character and who will respond when we contact them. We reserve the right to contact anyone we believe make have information about you, regardless of whether you list them here. **Please do not include any relatives.** If you wish to provide additional references, please use the back of this sheet or an attached document.

| | |
|----------------------------------|----------------------------------|
| Name: _____ | Name: _____ |
| Email: _____ | Email: _____ |
| Phone: Primary (_____) _____ | Phone: Primary (_____) _____ |
| Phone: Secondary (_____) _____ | Phone: Secondary (_____) _____ |
| Relation: _____ | Relation: _____ |

Certification

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years, which has not been annulled, expunged, or sealed by a court? _____ If yes, please describe in full on the reverse side or on an attached document.

Representative tasks that a fire or ambulance crew person may, at any time, be required to do:

1. Lift, with a partner, patients weighing 200 pounds or more.
2. Lift or drag fallen patients and/or remove them from hazardous areas.
3. Be subject to severe emotional shock.
4. Exhibit endurance at long fires or other disasters in conditions of extreme heat or cold.
5. Be subject to periods of high stress for extended periods of time.
6. Respond to calls in the middle of the night.
7. Work in hazardous environments and under hazardous conditions.

Based on the representative list, do you have any physical or mental condition(s), which may limit your ability to perform this job? _____ If yes, please describe such condition and explain how you can safely and reliably perform in spite of such condition on reverse side or on an attached document.

I certify that information given on this application is true and correct to the best of my knowledge and that false statements on this application are grounds for dismissal. I also knowingly and willingly permit Radnor Fire Company to investigate any and all information I have submitted.

Signed: _____ Date: _____
Applicant

Pennsylvania State Law – Arson Non-Convention

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

2. By dating and signing of the following statement by the person swearing to the following:

“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”

Signature of Certification Candidate

Name of Certification Candidate (please print or type)

Date

Waiver and Release for Background Investigation

I, _____, am presently applying for employment as _____ with Radnor Fire Company, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for this position. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to Radnor Township.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of Radnor Township. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of Radnor Township, whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for Radnor Township to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting Radnor Township to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Township in determining my suitability for employment. It is my specific intent to provide the Township with access to personnel information, however personal or confidential it may appear to be.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of Radnor Township, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

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In addition, I also give the Township the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Radnor Township employee. I release and hold harmless Radnor Township, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records. And I waive those rights with the understanding that information furnished by any former employer will be used by Radnor Township in conjunction with employment procedures.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Dated: _____

Signature of Certification Candidate

Printed Name of Applicant