

SHENANGO AREA FIRE DISTRICT APPLICATION FOR MEMBERSHIP

EQUAL OPPORTUNITY EMPLOYER:

The Shenango Area Fire District will not discriminate against any applicant or employee for employment because of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED! (PLEASE PRINT)

		INDIVI	DUAL DATA				
Name:	Last	First	Middle Initial	Social Security No.	Date of Application		
A 11			C *.	G	7: 0.1		
Address			City	State	Zip Code		
Home Phone:				Alternate Phone:			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status are required upon employment.)							
Are there currently any criminal charges pending against you? □Yes □ No							
•		nisdemeanor or felony?	□Yes □ No				
If yes, please explain:(Arrest or conviction will not necessarily disqualify an applicant from employment unless the pending charge(s) or conviction(s) substantially relates to the circumstances of the particular job for which you are applying.)							
Have you resided	l in another State?	Yes • No If yes,	when/ to	/ and where	;		
		City		State			
		MEMBERSHIF	STATUS DE	SIRMU			
Membership state Probationary Fire		S □ Social □ Ju	nior 🗖				
•	-	quirements for each stat					
Have you ever filed an application with us before? □Yes □ No; If Yes, when?/							
Are you currently employed? □Yes □ No							
EDUCATION							
Are you attending	g school now?	Yes 🔲 No	Course of Study:				
High School		City/State	Gradu □Yes		Degree/Major		
College		City/State	Gradu □Yes		Degree/Major		
Bus. or Trade Sci	hool	City/State	Gradu DYes		Degree/Major		

EMPLOYMENT EXPERIENCE

Start with your present or last job, not to exceed the past seven years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Please list any previous FIRE EXPERIENCE first.

ACCOUNT FOR ANY GAPS IN EMPLOYMENT

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Employer/ Fire Department					Dates Employed
					From:/ To:/
Address	City	State	Zip	Code	Hourly Rate/Salary
					Start: Final:
Phone Number:				May w	we contact this employer? \square Yes \square No
Your Last Job Title:			Supervisor:		
Work Performed: List the jobs you h	eld, duties perfor	med, skill	ls used or lear	ned, adv	vancements or promotions while you
worked at this company.					
Reason for leaving : Terminated	☐ Resigned	☐ Layo	off		
Employer					Dates Employed
					From:/ To:/
Address	City	State	Zip	Code	Hourly Rate/Salary
					Start: Final:
Phone Number:				May w	we contact this employer? \square Yes \square No
Your Last Job Title:			Supervisor:		
Work Performed: List the jobs you h	eld, duties perfor	med, skill	ls used or learn	ned, adv	vancements or promotions while you
worked at this company.					
Reason for leaving : Terminated	☐ Resigned	☐ Layo	off		
Employer					Dates Employed
					From:/ To:/
Address	City	State	Zip	Code	Hourly Rate/Salary
					Start: Final:
Phone Number:				May w	we contact this employer? \square Yes \square No
Your Last Job Title:			Supervisor:		
Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you					
worked at this company.					
Reason for leaving : Terminated	☐ Resigned	☐ Layo	off		

Revised 7/18 2

	PERSONA	AL CHARA (Not Employm		ER REFERENCES Internship)			
1. Name		r s	Phone				
City	State	Zip Code	Occuj	pation:	Relationship:		
2. Name			Phone	e #			
City	State	Zip Code	Occu	Occupation: Relation			
3. Name			Phone	e #			
City	State	Zip Code	Occu	pation:	Relationship:		
	MIL	ITARY SE	RVI	CE RECORD			
Do you have a Pennsylva	ing under the G.I. Bil	l of Rights? D	FOR Type				
Drivers License #:		.1 1					
Do you have any restricti Have you had any movin	ons on your license?	☐ Yes ☐ No	o; If yes	•	☐ Yes ☐ No:		
If yes, document below;			,	1	,		
Month/Year	Description	of Violation	ı	Month/Year	Accidents		
	STATE	FIRF/FMS	S CITI	RTIFICATIONS			
Certification				Date Acquired	Certificate Number		
-							

Revised 7/18 3

NOTE TO APPLICANTS

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the essential functions of the job, with or without a reasonable accommodation? \square Yes \square No

APPLICANT'S STATEMENT - ACKNOWLEGEMENT - AGREEMENT

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading, false, incomplete, misrepresented statements will constitute sufficient cause for refusal of hire or termination of my employment. I have included a Twenty Dollar (\$20.00) application fee with the application.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with the Shenango Area Fire District creates an actual or implied contract of employment. I understand that, if I accept employment, it will be on an at-will basis. This means that either the Shenango Area Fire District or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I authorize the Shenango Area Fire District to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release the Shenango Area Fire District and its representatives from all liability arising from such investigation.

I agree that if I am under final consideration for membership at the Shenango Area Fire District, I will be given a drug and controlled substance screening test as a condition of employment. A positive test for drugs or controlled substance may mean that I will no longer be considered for application at the Shenango Area Fire District. The applicant may again apply for employment at the Shenango Area Fire District after twelve (12) months have elapsed. Should the applicant refuse to sign a consent form for such testing purposes, the applicant will no longer be under consideration for a position within the Shenango Area Fire District.

,		
Signature of applicant		Date:/
or CAED Have calcu		
pplication Received:	Application Accepted / Rejected:	
rejected; reason for rejection:		

My signature indicates that I have read, understand and agree to all of the above.

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Revised 7/18 4