

**SWARTHMORE FIRE AND PROTECTIVE
ASSOCIATION, INC.**

APPLICATION FOR EMPLOYMENT

Swarthmore Fire and Protective Association. ("SFPA") considers applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by law. Management will review all applications.

SFPA 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

How did you find out about SFPA? _____

List any relatives or friends who are members or employees of SFPA:

FIRE COMPANY AND PUBLIC SAFETY EXPERIENCE

Have you ever been a member or employee of SFPA or any other Fire Company or public safety organization in the past? If so, indicate the name and location of the company, date of membership, 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			
Firefighting Fundamentals	N/A	N/A	
Fire Fighter I			
Fire Fighter II			
EVOC			

GENERAL INFORMATION

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

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

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 in the SFPA?

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 my application for employment or termination of employment if I am hired. I recognize that completion of this application does not imply an offer of employment. Applications will remain active for six months, after which time re-application will be necessary. If hired I agree to abide by all rules, regulations, and policies established by SFPA or its officers. I understand that if hired my employment is at will and may be terminated in at any time without reason. This application is not an agreement or a contract for employment.

I understand that I may be required to undergo drug and alcohol screening tests as a condition of employment, and at times while I am employed. 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 but after I have been offered a job 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 SFPA, and I give my consent to the release of all information that SFPA 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 will result in immediate discharge from SFPA.

I hereby authorize SFPA and the Swarthmore Police Department (SPD) to make any investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check and other such inquiries. I release SFPA, SPD, 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

Printed Name

Date