



Wellsville Fire Company 1941

EMPLOYMENT APPLICATION (Please PRINT legibly)

Date of Application: ____/____/____

Applicant Info:

Name: _____
Address: _____ Driver's Lic. #: _____
City: _____ State: _____ Zip: _____
Home Ph#: (____) ____ - _____ Cell Ph#: (____) ____ - _____
E-mail Address: _____
Gender: Male Female Non-Binary

Emergency Contact:

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Ph#: (____) ____ - _____ Cell Ph#: (____) ____ - _____

Employment Information:

Employer: _____ Phone #: (____) ____ - _____
Job Title: _____ Start Date: ____/____/____
Address: _____
City: _____ State: _____ Zip: _____

Education Information:

High School Attend(ed/ing): _____ Grade: (if applicable) _____
College Attend(ed/ing): _____ Year: (if applicable) _____
Major: _____
Trade School: _____ Year: (if applicable) _____

References:

Personal:
Name: _____ Phone #: (____) ____ - _____
Professional:
Name: _____ Phone #: (____) ____ - _____
Family:
Name: _____ Phone #: (____) ____ - _____

Were you ever convicted of a misdemeanor or felony?

Yes Charge(s): _____ Date: _____
 No

Were you ever associated with an emergency services organization? Yes No

If Yes, list the organization, position/office held (if applicable) and start/end dates:

Organization: _____ Office/Position: _____
Start: _____ End: _____

Organization: _____ Office/Position: _____
Start: _____ End: _____

Are you currently an active member of an emergency services organization? Yes No

If Yes, list organization name, office/position held (if applicable) and service start date.

Organization: _____ Office/Position : _____ Start: _____

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Training/Certifications: (Please attach all supporting documents)

Fire:

- Basic Obtained: ____/____/____
- Intermediate Obtained: ____/____/____
- Advanced Obtained: ____/____/____
- Rescue Obtained: ____/____/____
- Officer Obtained: ____/____/____
- Other: _____ Obtained: ____/____/____

Medical:

- Standard First-Aid Obtained: ____/____/____ Exp. ____/____/____
- Advanced First-Aid Obtained: ____/____/____ Exp. ____/____/____
- CPR/AED: Adult Pediatric Obtained: ____/____/____ Exp. ____/____/____
- First Responder Obtained: ____/____/____ Exp. ____/____/____
- EMT Obtained: ____/____/____ Exp. ____/____/____
- Other: _____ Obtained: ____/____/____ Exp. ____/____/____

Fire Police:

- Basic Obtained: ____/____/____
- Advanced Obtained: ____/____/____
- Highway 101 Obtained: ____/____/____
- Other: _____ Obtained: ____/____/____

I hereby acknowledge that, to the best of my knowledge, the information I have provided in this application is true and correct and I authorize the investigation of all statements/information contained herein. I have attached a copy of the Request for Criminal Records Check received from the PA State Police and the PA State Child Abuse Clearance.

Applicant Signature: _____ Date: ____/____/____

As indicated in the By-Laws and SOG's of the Wellsville Fire Company, the organization will assume the costs of mandatory training or approved education relative to Emergency Services if a passing grade or certificate of attainment is achieved. We comply with Title VI of the Civil Rights Act of 1964, and Public Law 90-202 which prohibits discrimination on the basis of race, color, national origin, religion, sex, age or physical disability.

PA State Police Clearance: <https://epatch.pa.gov/TandCRce>

PA Child Abuse History Clearance: <https://www.compass.state.pa.us/cwis/public/home>

Clearances may be obtained from the websites listed above. There is no charge for Volunteer clearances. If you have current (within 1 year) clearances (volunteer or employee), you will not need to obtain new clearances.

WFC Office Use Only:

Application Received on: ____/____/____

PA State Police Clearance Completion Date: ____/____/____

PA Child Abuse Clearance Completion Date: ____/____/____

Interview/Investigation Conducted By:

Fire Company President: _____

Fire Company Trustee Chair: _____

Fire Company Chief: _____

Accepted Date: ____/____/____

Rejected Date: ____/____/____ Reason: _____

Probation Start Date: ____/____/____

Probation End Date: ____/____/____

Extended Probation: Yes - _____

Extended Probation Ends: ____/____/____