

## **NOTICE TO ALL FIREFIGHTER APPLICANTS**

This is the beginning of the application process, for the position of Firefighter, for the City of Johnstown.

**Step 1:** You must complete the employment application entirely and return it to the City Manager's Office, at 401 Main Street, Johnstown, PA 15901, with the **non-refundable \$25.00 fee**, no later than **12:00 noon, Tuesday October 15<sup>th</sup>, 2024**. ***If your check is returned from the bank for any reason, you will be charged the full penalty fee, plus the amount of the check, and you are atomically disqualified.***

**Step 2:** The Authority of Release of Information page **MUST** be **notarized** or your application is void.

**Step 3:** The Physical Agility test will be held at the Training Facility 900 Oak Street Johnstown, PA.

**Saturday, October 26<sup>th</sup>, 2024 at 08:00 a.m.**

The test will begin promptly at **8AM**. You should arrive no later than 07:30 AM. There will be no admittance after 8AM.

Candidates, please bring these items to the **physical agility test:**

1. You **MUST** have a photo ID
2. Leather gloves
3. Footwear suitable for climbing ladders
4. A fire helmet. If you do not have one, one will be provided.
5. Wear clothing suitable for exercise, both indoors and outdoors. The test will be held regardless of the weather.
6. Bring water or drinks and a lunch or you can purchase food from a local restaurant. Note: A limited break time may be available.

**Step 4:** Provided you pass the physical agility, the written exam will be held immediately after the physical agility test is completed by all applicants, the same date.

**Step 5:** Candidates who achieve a score of 75% or more on the written exam will be scheduled for the oral interview; which will be held at a later date.

**PLEASE KEEP THESE INSTRUCTIONS & REMEMBER YOUR APPLICANT NUMBER.**



# City of Johnstown

## AUTHORITY OF RELEASE OF INFORMATION PHASE 1

LAST NAME	FIRST NAME	MIDDLE NAME	
SOCIAL SECURITY #	SEX	RACE	DOB: MONTH/DAY/YEAR
PLACE OF BIRTH	COUNTY OR CITY	STATE	COUNTRY

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Johnstown, whether the said records are of 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 records of deposits, withdrawals and balances of checking, savings, and loans, and also 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 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 a 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 in which I presently have had an interest.

I reiterate, and emphasize that the intent of this authorization is 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 City of Johnstown 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 sources of 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 City of Johnstown. I understand that all materials pertaining to this background investigation became the property of the City of Johnstown will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and 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. 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'S SIGNATURE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP



# JOHNSTOWN FIRE DEPARTMENT FIREFIGHTER 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 function. Every one of these sections must be completed in order for the City of Johnstown to accept the application as complete. Print (do not 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 reverse side and proceed with the number of the referenced block. **Do not misstate or omit material fact; since the statements made herein are subject to verification to determine your qualifications for employment.**

## Questionnaire

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name First Name Middle Name Social Security Number
3. \_\_\_\_\_ 3A. \_\_\_\_\_  
Alias (es), Nickname(s), Other Changes in Name 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 years beginning with current.

Month & Year		Address
From	To	

7. **Family**

List in 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.

<b>Relationship</b>	<b>Name</b>	<b>Address (if living)</b>
Father		
Mother		

8. **Vehicle Operator's License**

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

<b>Type of License</b>	<b>Number</b>	<b>Issuing Authority</b>	<b>Expiration</b>

Have you ever had a license suspended or revoked?  Yes  No

9. **Conviction of Crime**

Have you ever been convicted of a misdemeanor or felony?  Yes  No  
If yes, state violation, 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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10A. 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.

<u>Name and Address of Financial Institution</u>	<u>Type of Account</u>

11. **Past and Present Membership in Organizations**

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Zip</u>	<u>Type (Social, Fraternal, Professional, Etc.)</u>	<u>Office Held</u>	<u>Membership Dates From To</u>

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 who 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 of 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 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.

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 name.

Name	City	Zip	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	Zip	Phone #	Dates Attended		Credit Hours	Degree
				From	To	Semester/Quarter	Rec'd Yr.

**Major and Minor Courses:**

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- C. **Other schools or training (trade, vocational, military).** Give for each name, location and phone number of school, 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 type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, contact number and date 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.)

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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 and fellowships received, etc.)

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**15. Foreign Language**

Enter language, indicate fluency and where taught.

<b>Language</b>	<b>Reading</b>	<b>Speaking</b>	<b>Understanding</b>	<b>Writing</b>
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**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.

<b>Dates</b>	<b>Country</b>	<b>Purpose of Travel</b>
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**17. Hobbies and Sports**

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

**Name                      Length of Participation                      Level of Proficiency                      Phone #**

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**18. Employment**

Begin with your most recent job and list your work history for the past ten 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>Why did you leave?</b>		
<b>Name/Phone # of Supervisor</b>		
<b>Name/Phone # of Co-Worker</b>		

<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>Why did you leave?</b>		
<b>Name/Phone # of Supervisor:</b>		
<b>Name /Phone # of Co-Worker:</b>		

<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>Why did you leave?</b>		
<b>Name/Phone # of Supervisor:</b>		
<b>Name/Phone # Co-Worker:</b>		

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

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, state 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 name, address and phone number of employer, 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 have to have completed your military commitment.

Do you claim veteran's preference Yes \_\_\_\_\_ No \_\_\_\_\_

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

A. While in the military service, were you ever convicted for any crime graded as a Misdemeanor or Felony Offense. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident, using 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 #: \_\_\_\_\_

**21. Character References**

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

	Name	Address	Home Phone	Work Phone	Years Known
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

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 phone numbers.

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24. **Remarks**

I certify that there are no misrepresentation, 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

