

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____
Last First Middle

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? Yes No

If hired and you are under 18 years of age, we will require, prior to starting work, an Age Certificate or Work Permit issued through the local school district.

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes _____ No _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

Any offer of employment is conditioned on your satisfactory completion of a health screen including a drug test. The health screen may also determine your physical ability to perform the essential functions of the position for which you have applied. Are you willing to do this? Yes No

EDUCATION	NAME & LOCATION OF SCHOOL	No. of Years	Did you Graduate?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				

GENERAL (Attach Additional Sheets/Resume if Needed)

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: {CIVIC, ATHLETIC, ETC.} _____
(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or national origin of its members)

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE)

DATE: MONTH & YR	NAME & ADDRESS OF EMPLOYER	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

OTHER CERTIFICATIONS & EDUCATION (COPIES OF CERTIFICATIONS MAY BE REQUESTED AT TIME OF YOUR INTERVIEW)

TITLE OF CERTIFICATION	DATE CERTIFIED

REFERENCES: GIVE THE NAMES OF AT LEAST THREE PERSONS NOT RELATED TO YOU WHOME YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
1			
2			
3			

PLEASE READ CAREFULLY BEFORE SIGNING: I swear that all of the information contained in this application is true and correct. I understand that all of the information contained in this application is subject to verification by the Township. This investigation may include contacting prior employers, checking my driving record and a criminal record check. I understand that misrepresentation or omission of any facts on this application will cause it to be rejected, or if not discovered until after hire, will subject me to termination. I understand that as a condition of employment I will be required to successfully pass a drug and alcohol screening test. If an offer of employment is made to me it may be contingent upon my taking and passing a complete physical examination. I further understand that nothing in this application or in the granting or conduction of an interview or tests is intended to create an employment contract of any kind. No promises regarding employment have been made to me and I understand that no such promise would be binding upon the Township.

DATE _____ SIGNATURE _____

Civil Service Commission
Career Firefighter Announcement

The Civil Service Commission for Caln Township will be administering an entry-level examination for the position of Firefighter.

Applications for the position of Firefighter will be available beginning **Monday, December 6, 2024**, at the Caln Township Municipal Building, 253 Municipal Drive, Thorndale, PA 19372.

Starting salary for Full-Time Firefighter, after probation, is \$ 69,413.76, with a comprehensive benefit package and health care. Hourly wage for Part-Time Firefighter starts at \$23.34.

Applications may be picked up between 8:00 AM to 4:30 PM, Monday through Friday, or may be accessed from the Township's website at www.calntownship.org.

Completed applications must be submitted to the Caln Township Municipal Building prior to **4:30 PM Friday, February 28, 2025**.

Every applicant for the position of Firefighter must:

- (a) Have a certificate from a state-approved training school attesting that he or she has attended and graduated from courses in both Fire Fighting National Certification I (basic training) and Fire Fighting National Certification II (advanced training);
- (b) All required training and certifications noted in the current Job Description attached; and
- (c) Have two (2) years of firefighting experience as a senior member in a combination (volunteer & paid) fire department; or
- (d) Have five (5) years of firefighting experience as a senior member in a volunteer fire department; and
- (e) Applicants should have a letter, on fire company letterhead, from the chief of their current fire company stating that the individual is a member of that fire company in good standing who meets the above-stated requirements; or other similar such documentation of the above-stated requirements.
- (f) Firefighters shall also possess skills and abilities to:
 - [1] Be able to interact with the public in a variety of situations and circumstances while exercising a level of tact, judgment, initiative, and control appropriate for the situation at hand.
 - [2] Make immediate situational assessments and action judgments in circumstances that are volatile and potentially life-threatening.
 - [3] Work efficiently and effectively in a fire department, sometimes in adverse or stressful conditions. This may include extremely hazardous circumstances, including exposure to ever-changing weather and atmospheric conditions, working in close quarters both indoors and outdoors in potentially life-threatening physical hazards.
 - [4] perform various physical exerting tasks such as heavy lifting, running, climbing, jumping, dragging, and pulling.
 - [5] Carry out complex orders, manage and complete several complex tasks simultaneously.
 - [6] Demonstrate ability to work independently and as part of the team in the combination fire department.
 - [7] Adapt to a rotating work schedule that routinely requires working at night or on holidays

Proof of all pre-requisites meeting the minimum eligibility requirements must be enclosed and/or attached with each application.

The physical agility test will take place on **Saturday, March 8, 2025, at 9:00 AM sharp at Bucks County Public Safety Training Center, 1760 South Easton Road, Doylestown, PA 18901.** (Registration is 30 minutes prior) Physical agility testing is Pass/Fail.

THOSE WHO SUCCESSFULLY PASS THE PHYSICAL AGILITY TEST WILL BE PERMITTED TO TAKE THE WRITTEN EXAMINATION IMMEDIATELY FOLLOWING, at the same location, **Bucks County Public Safety Training Center, 1760 South Easton Road, Doylestown PA 18901.** Written testing will be scored on a 100-point scale. An applicant must score 70% or higher to continue in the application process. Applicants scoring less than 70% will be rejected.

Within 30 days of the administration of the written test applicants, all applicants will be given written notice of their test results; passing applicants will be scheduled for an oral examination appointment.

Other mandatory components of the complete testing process included for appointment require selected candidates to successfully undergo Background Investigation, and a NFPA 1582 Compliant Medical Examination.

Any applicant arriving after the prescribed start times shall be disqualified.

The READING LIST/STUDY MATERIALS for the written examination consists of:

- Firefighter 1 & 2: "Essentials of Fire Fighting," IF STA, 7th Edition.
- Hazmat Operations: "Hazardous Materials Awareness & Operations," Jones & Bartlett, 2nd Edition.
- Driver Operator Pumper & Mobile Water Supply: Pumping and Aerial Apparatus Driver/Operator Handbook," IFSTA, 3rd Edition.

The Written Examination will consist of 100 questions from the following:

- 25 Questions from Fire Fighter 1
- 25 Questions from Fire Fighter 2
- 20 Questions from HazMat Operations (Core, PPE, & Product Control)
- 15 Questions from Driver Operator – Pumper
- 15 Questions from Driver Operator – Mobile Water Supply Apparatus

Caln Township is an Equal Opportunity Employer. If you require any special accommodation in accordance with the Americans With Disabilities Act to complete the testing, please provide evidence of such recognized disability at the time the application is submitted.

Any questions, please contact Director Raymond Stackhouse at 610-384-0600 x157 or by email at

Revised 032924

rstackhouse@calntownship.org

**Emergency Services Participation History
List Agencies and/or Memberships**

From Date	Name & Address	Job Title	Reason for leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

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To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

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To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

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VERIFICATION OF TRUTHFULNESS
(PLEASE READ CAREFULLY BEFORE SIGNING)
THIS DOCUMENT IS REQUIRED TO BE NOTARIZED

I, _____, the undersigned, hereby swear that the statements made in the foregoing Application are true and accurate to the best of my information, knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities. I understand that all the information contained in this application is subject to verification by the Township. This investigation may include contacting prior employers, checking my driving record and conducting a criminal record check. I understand that misrepresentation or omission of any facts on this application will cause it to be rejected, or if not discovered until after hire, will subject me to termination. I understand that as a condition of employment I will be required to successfully pass a drug and alcohol screening test. If an offer of employment is made to me, it may be contingent upon my taking and passing a complete physical examination. I further understand that nothing in this application or in the granting or conduction of an interview or tests is intended to create an employment contract of any kind. No promises regarding employment have been made to me and I understand that no such promise would be binding upon the Township.

Printed Name

Signature

Date SWORN TO AN SUBSCRIBED BEFORE ME THIS
DAY OF _____, 2023.

CALN TOWNSHIP
253 MUNICIPAL DRIVE
THORNDALE, PA 19372
610-384-0600

AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize and request any individual, corporation, or other entity, including but not limited to any city, county, state or federal agency, department or bureau, any current or prior employers, any doctor or hospital, any credit bureau or financial institution, any public or private school, college or other educational institution, or any entity having any information or files relating to me, to furnish any information in their files under my name to Caln Township, their members and agents, pursuant to the processing of my application for appointment as a firefighter with Caln Township. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whatsoever from any damage on account of furnishing said information.

Printed Name

Signature

Date

(End of Application)