



Application & Waiver



Spring Mill Fire Company No.1 & Barren Hill Volunteer Fire Company Full Time Firefighter Application

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, disability, sexual orientation, marital or veteran status, gender identity, or political affiliation.

Name: _____
Last First Middle

Address: _____
Street Apartment #

_____ City State Zip

Phone # _____
Cell Phone # Alternate Phone #

Social Security #: _____ Email: _____

Do you have a valid Driver's License: ____ YES ____ NO

If yes, what State: _____ License #: _____

Will you be 21 years of age by May 19, 2019: ____ YES ____ NO

Do you hold Firefighter I & Firefighter II Certifications? ____ YES ____ NO
(NFPA 1001: IFSAC, Pro Board or PA OSFC)

Do you hold a current EMT Certification? ____ YES ____ NO

Have you served in the Armed Forces? ____ YES ____ NO

If yes, Honorable Discharge? ____ YES ____ NO

What Branch: _____ Service Dates: _____



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Are you a High School Graduate? ____ YES ____ NO

Graduation Year: _____ High School Name: _____

Do you hold a G.E.D. Certificate? ____ YES ____ NO

Prior Employment Experience

1. Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ Dates Employed: _____

Supervisor: _____ Job Title: _____

Work Performed: _____

Reason for Leaving: _____

2. Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ Dates Employed: _____

Supervisor: _____ Job Title: _____

Work Performed: _____

Reason for Leaving: _____

3. Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ Dates Employed: _____

Supervisor: _____ Job Title: _____



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Work Performed: _____

Reason for Leaving: _____

4. Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ **Dates Employed:** _____

Supervisor: _____ **Job Title:** _____

Work Performed: _____

Reason for Leaving: _____

References

Please provide three references that the Fire Company may contact to discuss your abilities to be a successful employee.

Name: _____ **Phone #** _____

Address: _____

Name: _____ **Phone #** _____

Address: _____

Name: _____ **Phone #** _____

Address: _____



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Letters of Recommendation:

Please provide three letters of recommendation. Letters of recommendation shall be from a family member, a non-family member and a Chief Fire Officer from an Organization that the candidate is / was a member of.

Name: _____ **Phone #** _____

Family Member: _____ **Non-Family Member:** _____ **Chief Fire Officer:** _____

Name: _____ **Phone #** _____

Family Member: _____ **Non-Family Member:** _____ **Chief Fire Officer:** _____

Name: _____ **Phone #** _____

Family Member: _____ **Non-Family Member:** _____ **Chief Fire Officer:** _____

Included in this application packet is a job description for the position of Full Time Firefighter. Are you able, without accommodations, to perform all of the functions of the position of Full Time Firefighter? _____ YES _____ NO

If NO, describe needed accommodations:

I hereby state that all of the information set forth on this application is true and correct to the best of my knowledge. I understand that the statements made herein are subject to the penalties of the PA Crimes Code, section 4904, related to unsworn falsification to authorities.

Signature: _____ **Date:** _____

This application must be received at either the Spring Mill Fire Company No.1, 1210 East Hector Street, Conshohocken, PA 19428 or the Barren Hill Volunteer Fire Company, 647 Germantown Pike, Lafayette Hill, PA 19444 no later than 4:00 pm on Wednesday, May 15, 2019. Candidates shall turn in the application, \$25.00 application fee and letters of recommendation at the time of the submission



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Physical Agility Test Personal Injury Waiver
Spring Mill Fire Company No.1 & Barren Hill Volunteer Fire Company

General Waiver

As a candidate for the position of full time firefighter with the Spring Mill Fire Company No.1 and / or the Barren Hill Volunteer Fire Company, I recognize and acknowledge that there are certain risks of physical injury during a physical agility test. I agree to assume the full risk of any injuries, including death, damages, or loss which the candidate may sustain as a result of participating in any and all activities connected with or associated with such an agility test.

As a candidate, I do hereby fully release and discharge the Spring Mill Fire Company No.1 and the Barren Hill Volunteer Fire Company and its appointed and elected officials, officers, agents, servants, and employees from and against any and all claims from injuries, including death, damage or loss which I may have or which may occur on account of my participation in the agility test.

As a candidate, I agree to waive and relinquish all claims I may have as a result of participating in the test against the Spring Mill Fire Company No.1 and the Barren Hill Volunteer Fire Company and their appointed and elected officials, officers, agents, servants and employees.

As a candidate, I further agree to indemnify and hold harmless and defend the Spring Mill Fire Company No.1 and the Barren Hill Volunteer Fire Company and its appointed and elected officials, officers, agents, servants and employees from any and all claims resulting from injuries, including death, and losses sustained by the participant and arising out of, connected with, or in any way associated with the agility test.

I certify that I am in good physical health and have no limitation that may predispose me to risk during this agility test.

I also grant permission to the Spring Mill Fire Company No.1 and the Barren Hill Volunteer Fire Company representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should I become ill or injured while participating in the agility test when I am unable to grant authorization for emergency treatment. I understand that such treatment shall be at my expense. This form shall be considered valid until cancelled or changed in writing by the undersigned.

By signing below, I acknowledge that I have read and understand the above PHYSICAL AGILITY INJURY WAIVER and I fully understand that "THIS IS A FULL RELEASE OF LIABILITY"

PRINT NAME: _____

SIGNATURE: _____

DATE: _____



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PHYSICAL AGILITY TESTING

The physical agility testing will take place on Sunday, May 19, 2019 at the Montgomery County Fire Academy, 1175 Conshohocken Road, Conshohocken, PA 19428. The candidate's application submission is their invitation to participate in the physical agility testing process. No additional communications will be made about the physical agility testing process. The physical agility testing process will begin promptly at 9:00am and will consist of various stations that demonstrate the candidate's ability to perform basic firefighting tasks. All stations must be completed successfully in order to successfully complete the physical agility testing process.

- The candidate must register for the Physical Agility test between 8:15am and 8:45am on Sunday, May 19, 2019
- All candidates must bring valid photo identification
- At the time of registration and prior to participation, all candidates must submit the signed "PHYSICAL AGILITY TEST PERSONAL INJURY WAIVER"
- Candidates are required to wear proper attire to participate in basic firefighting evolutions such as use of hand tools, climbing ladders, hauling equipment, patient removal, hose line deployment and other similar firefighting tasks. Structural Firefighting Personal Protective Equipment is NOT required. Candidates are required to wear long or short sleeve shirt, work gloves, hard sole shoes/boots and structural firefighting helmet (if your are not able to provide a structural firefighting helmet, please inform us and we will provide a structural firefighting helmet for you for the physical agility testing process.