PERSONAL INFORMATION STATEMENT FIREFIGHTER CANDIDATE

Bensalem Township Fire Rescue
Department of Public Safety
2400 Byberry Road
Bensalem, PA 19020
(215) 633-3617
Candidate Recruiting Unit

INSTRUCTIONS

PRIOR TO BEGINNING YOUR PERSONAL INFORMATION STATEMENT, READ THE FOLLOWING INSTRUCTIONS.

- 1. You must print legibly using ink when completing your Personal Information Statement.
- 2. All questions must be answered. If a question does not apply to you, fill in the space provided as follows: N/A
- 3. Before you begin to write, make sure all the information you will be providing is correct and accurate.
- 4. You are responsible to obtain the correct spelling of all names and addresses.
- 5. If additional space is needed, attach additional pages to your Personal information Statement. Make sure that you reference these additions to the corresponding section and question number of your Personal Information Statement.
- 6. Any false information on the Personal Information Statement provided by the Firefighter Candidate <u>will</u> disqualify the Firefighter candidate from employment with the Bensalem Township Department of Public Safety.
- 7. Any information that is requested on this Personal Information Statement and intentionally omitted by the Firefighter Candidate <u>may</u> disqualify the Firefighter Candidate from employment with the Bensalem Township Department of Public Safety.
- 8. **<u>DO NOT</u>** provide any information regarding medical or physical disabilities on your Personal Information Statement.
- 9. Applicant must bring a valid photo drivers license to each step of the selection process.

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS

Signature of Applicant	

FIREFIGHTER CANDIDATE

PERSONAL INFORMATION STATEMENT

Α	NAME:		_
	LAST	FIRST	MIDDLE
В	ADDRESS:		
	CITY:	STATE:	ZIP:
С	CELL PHONE:	HOME PHONE:	
D	SOCIAL SECURITY NUMBER:		
Е	PLACE OF BIRTH:		
F	US CITIZEN:		
	PA DRIVERS LICENSE NUMBER: IF OTHER THAN A PENNSYLVANIA D LIST THE STATE AND LICENSE NUM	PRIVERS LICENSE,	
Н	EMAIL ADDRESS:		

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of fire fighter with the Bensalem Township Department of Public Safety.

If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the Bensalem Township Department of Public Safety, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that they have read and understood the contents of this procedure.

Signature			
Date			

Excluding your current address, list all addresses where you have resided for the past 10 years. List the dates by month and year. DO NOT include the address you have provided in your Personal Information Statement. Work from your current address back to your first address.

BEGINNING DATE	ENDING DATE	ADDRESS
list all employment he	eld by the fire fighte	urrent employment, or your most recent employment, r/fire inspector candidate including part-time, ple: Volunteer firefighter or emergency service) in
1. Beginning		Ending
Name of Employer _		_
Name of Supervisor		
Address		
Phone Number		Position(s) held
Job Responsibilities		
Beginning Salary		Ending Salary
Reason for leaving the	his employment	
2. Beginning		Ending
Name of Employer _		

Phone Number	Position(s) held
Job Responsibilities	
Beginning Salary	Ending Salary
Reason for leaving this employment	
3. Beginning	Ending
Name of Employer	
Name of Supervisor	
Phone Number	Position(s) held
Job Responsibilities	
Beginning Salary	Ending Salary
Reason for leaving this employment	
4. Beginning	Ending
Name of Employer	
Phone Number	Position(s) held
Job Responsibilities	
Beginning Salary	Ending Salary

- D :			_
5. Beginn	ing	Ending	
Name of E	Employer		
Name of S	Supervisor		
Address _			
_			
Phone Nu	ımber	Position(s) held	
Job Respo	onsibilities		
		Ending Salary	
Reason fo	or leaving this employment		
	L CONVICTION(S)		
. iavo you	ever been convicted of a	crime?	
-		crime?	
YES			
YES	NONO		
YES If y	NONONONONONO	nformation:	
YES If y	NONONONONONO	nformation:	
YES If y 1	NONONO	nformation:	
YES If y 1 2 3. (NONO	nformation:	

EDUCATION

GRADE SCHOOL(S)

Name		
Address		
Dates attended: From	to	
JUNIOR HIGH SCHOOL/MIDDLE SCHOO)L	
Name		
Address		
Dates attended: From	to	
Name		
Address		
Dates attended: From	to	
HIGH SCHOOL		
Name		_
Address		
Dates attended: From	to	
NameAddress		
Dates attended: From	to	

Graduated:	Yes	No			
If yes, give mo	onth and year				
If you obtained a G.E.D., provide the following information: date you received the diploma, the city, state and agency where you completed your classes:					
HIGHER EDU					
List all colleges	s or universities atter	nded:			
1. College or U	Jniversity attended				
Address					
Dates attende	d: From		to		
Major/Minor _					
Degree Receiv	ved: Yes	No			
Type of Degre	e				
Date Received	l				
Credits Receiv	ved				
2. College or U	Jniversity attended				
Dates attende	d: From		to		
Major/Minor _					
	/ed: Yes				

Type of Degree	
Date Received	
Credits Received	
College or University attended	
Address	
Dates attended: From to	
Major/Minor:	
Degree Received: YesNo	
Type of Degree	
Date Received	
Credits Received	

CERTIFICATIONS: Please provide copies of any certifications with application.

Description Yes No

Proboard, IFSAC or Equivalent Firefighter I Certification

Proboard, IFSAC or Equivalent Firefighter II Certification

Proboard, IFSAC or Equivalent Hazardous Material Operations Certification

Pump Operations I

Emergency Vehicle Driver Training (EVOC/EVDT)

PA Emergency Medical Technician (EMT)

ICS 100, 200, 700 and 800

PA UCC Fire Inspector I Certification

Proboard, IFSAC or Equivalent Fire Inspector 1 Certification

Basic Vehicle Rescue Certification

ICS 300

ICS 400

Driver Operator Certification

OTHER CERTIFICATIONS	
ADDITIONAL EDUCATION	
List additional education (examples: training, etc.)	trade school, business schools fire/emergency medical
Name of school or training	
Address	
	to
Certification	
Address	
Dates attended: From	to
Certification	
Address	
	to
Certification	
	DEPARTMENTS OR EMS SERVICES
Department Name	
Address	Phone

			Dates			
2. Department Na	me					
Address		Phone				
Positions Held		Dates				
3. Department Na	me					
Address			Phone			
Positions Held _			Dates			
ADDITIONAL CE	RTIFICATIONS O	R SKILLS				
_ist any special lic	enses or skills you	u currently hold (examples: pilots license,	scuba, etc.)		
FOREIGN LANGU	JAGES (EXCELL READING	ENT, GOOD, FA	IR)	WRITING		
FOREIGN LANGU	JAGES (EXCELL READING	ENT, GOOD, FA	IR) UNDERSTANDING	WRITING		
FOREIGN LANGU	JAGES (EXCELL READING	ENT, GOOD, FA	IR) UNDERSTANDING	WRITING		
FOREIGN LANGU LANGUAGE DRIVERS LICENS	JAGES (EXCELL READING	ENT, GOOD, FA SPEAKING	IR) UNDERSTANDING	WRITING		
FOREIGN LANGU LANGUAGE DRIVERS LICENS Has your motor ve	JAGES (EXCELL READING	ENT, GOOD, FA	UNDERSTANDING d or revoked?	WRITING		
FOREIGN LANGU LANGUAGE DRIVERS LICENS Has your motor very	JAGES (EXCELL READING SE Chicle license ever	ENT, GOOD, FA	UNDERSTANDING d or revoked?	WRITING		
FOREIGN LANGU LANGUAGE DRIVERS LICENS Has your motor very	JAGES (EXCELL READING SE Chicle license ever	ENT, GOOD, FA	UNDERSTANDING d or revoked?	WRITING		

MOTOR VEHICLE VIOLATIONS

Month & Year	Charge	City & State	Disposition
MOTOR VEHICLE	ACCIDENTS		
operator of a vehic	cle or a passenge	d location of the accident(s). r or pedestrian.	·
REFERENCES			
List five people that list relatives, curre			ormation about you. Do not
1. Name:			
Address:			
		Home Phone: _	
Number of years y	you have known tl	nis person:	
2. Name:			
		Home Phone: _	
Number of years y	you have known tl	nis person:	

3. Name:	
Cell Phone:	Home Phone:
Number of years you have known this person:	
Address:	
Cell Phone:	Home Phone:
Number of years you have known this person:	
5. Name:	
	Home Phone:
Number of years you have known this person:	

NARRATIVE INFORMATION

Provide a response to the following two (2) questions. Your response must consist of at least one (1) paragraph and not less than 50 words.

- Why does the field of emergency services interest you?		
- Why have you chosen to apply with Bensalem Township Fire Rescue Department of Public Safety as Firefighter?		
I hereby certify that all information I have provided in this personal information statement is accurate and truthful. I understand that any information that has been intentionally omitted, misrepresented or false will be grounds for immediate rejection or termination of employment.		
Signature of Applicant		
Date personal information statement completed		

Voluntary Equal Employment Opportunity Survey

To comply with government regulations, Bensalem Township must maintain and report statistical analyses of applicants for employment. Your completion of this form gives us data to provide these statistical analyses.

Submission of this information is voluntary and confidential. Bensalem Township is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Bensalem Township invites applicants to voluntarily self-identify their gender and ethnicity status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable law, including those that required the information to be summarized and reported to the federal government for civil rights enforcement.

NAME:		
LAST	FIRST	MIDDLE
Position Applied For:		
Application Date:		
Gender: MaleFer	male:	
Racial/Ethnic Data, please ident	ify yourself in terms of the racial/	ethnic group below:
Hispanic or Latino		
Non-Hispanic/Latino (if this category is checked,	please select from the racial groups	s found below)
Racial Groups:		
White	American Indian or Alaska	an Native
Black or African American	Native Hawaiian or Other	Pacific Islander
Asian	Two or More Races – all with more than one race	persons who identify
Decline Self Identification:		
I do not wish to self identify	my gender ethnicity or race.	

This information is submitted voluntarily, will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance, and will not influence the application or hiring process.