

# CIVIL SERVICE COMMISSION

Municipality Of Kingston  
500 Wyoming Avenue  
Kingston, Pennsylvania 18704  
570-288-4576

## FIRE FIGHTER/PARAMEDIC APPLICATION

**General Instructions:** This application consists of several sections: a **Questionnaire and Certification**; a **Notification Procedure Release**; a **Waiver and Release for Background Investigation** (must be notarized); and a description of **Essential Duties of a Firefighter/Paramedic**. Every one of these sections must be completed in order for the Municipality 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 and determine your qualifications for employment.

### QUESTIONNAIRE:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name First Name MI Social Security Number

3. \_\_\_\_\_ 3a. (\_\_\_\_\_) \_\_\_\_\_  
Alias(es), Nickname(s), Maiden Name, Other Name Changes Telephone Number

4. \_\_\_\_\_  
Present Residence Address (Street/City/State/Zip Code)

5. \_\_\_\_\_  
US Citizen: (Yes/No) Naturalization No. Date Place Court

6. List all your residences for the past 10 years beginning with current one.

Month and Year	Address	With whom did you live?
From To		Where are they now?


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7. FAMILY: List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, step-brothers and step-sisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address if Living
Father	_____	_____
Mother	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. VEHICLE OPERATOR’S LICENSE: Give the following information concerning ANY vehicle operator’s license you have held or now hold.

Type of License	Number	State/Country	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license suspended or revoked?  YES  NO

If YES, Explain \_\_\_\_\_

9. CRIMINAL CHARGES: Have you ever been charged with any crime?  YES  NO  
If YES, state the violation, the approximate date, the Court of jurisdiction and the disposition.

\_\_\_\_\_

10. FINANCIAL STATUS: Do you have any income from any source other than your principal occupation?  YES  NO If YES, How much? \_\_\_\_\_ How often? \_\_\_\_\_

List the sources: \_\_\_\_\_

List all financial accounts (savings, checking, loans, stocks, bonds, etc.) you hold or have held for the past 7 years.

Name and Address of Financial Institution \_\_\_\_\_ Type of Account \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS

Name \_\_\_\_\_ Address Zip \_\_\_\_\_ Type(social, fraternal, etc.) \_\_\_\_\_ Office Held \_\_\_\_\_ Membership Dates \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

\_\_\_\_\_ Are you now or have you ever been affiliated or associated with any organization of the type described above as an agent, official or employee?

\_\_\_\_\_ Are you now associating with or have you associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?

\_\_\_\_\_ Have you ever been engaged in any of the following activities of any organization of the type described above: contributions 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 and credentials now or formerly held.

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13. EDUCATION

A. List all elementary, junior high and high schools attended. **Attach transcripts from last high school attended.**

Name	Address	City	Zip	Dates Attended	Dates Completed	Graduated Yes/No

B. Higher Education: List all colleges or universities attended. **Attach transcript from last institution.**

Name	Address	City	Zip	Dates Attended From	To	Credit Hours Semester/Quarter	Degree Rec'd

Major and Minor Courses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Other schools or training (trade, vocations, military). Give for each the name and location of school, dates attended, subjects studied, certificate(s) 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 (pilot, radio operator, etc.) showing licensing authority, where the license was first issued and date current license expires.

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B. Special skills you possess and machines and equipment you can use, i.e., computer programmer, vehicle inspection mechanic, scientific or professional devices.

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C. Approximate number of words per minute on keyboard \_\_\_\_\_. Can you take shorthand? \_\_\_\_\_

D. Special qualifications not covered in application, i.e., your most important publications, patents, inventions, public speaking skills/experience, membership in professional or scientific societies, honors and fellowships received, etc.

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15. FOREIGN LANGUAGE: Enter language and indicate fluency:

Language	Reading	Speaking	Understanding	Writing
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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 service.

Dates	Country	Purpose of Travel
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17. Hobbies and Sports

Name	Length of Participation	Level of Proficiency
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18. EMPLOYMENT: Begin with your most recent job and list your work history for the past years. Include part-time, temporary or seasonal employment and all periods of unemployment. If additional employer blocks are needed please attached requested information on separate sheet(s).

From Date \_\_\_\_\_ To Date \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Co-worker Name \_\_\_\_\_

Salary \_\_\_\_\_ Why you left \_\_\_\_\_

From Date \_\_\_\_\_ To Date \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Co-worker Name \_\_\_\_\_

Salary \_\_\_\_\_ Why you left \_\_\_\_\_

From Date \_\_\_\_\_ To Date \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Co-worker Name \_\_\_\_\_

Salary \_\_\_\_\_ Why you left \_\_\_\_\_

From Date \_\_\_\_\_ To Date \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Co-worker Name \_\_\_\_\_

Salary \_\_\_\_\_ Why you left \_\_\_\_\_

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)?  YES  NO

If YES, state reason: (cont. on next page)

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(18 cont.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever resigned after being informed your employer intended to discharge you for any reason?  YES  NO If YES, explain, giving name and address of employer, approximate date and reasons in each case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. MILITARY STATUS

Have you served in the U.S. Armed Forces? YES NO  
**If YES, attach photocopy of DD 214 or other separation papers** \_\_\_\_\_

Are you claiming Veterans' Preference? \_\_\_\_\_

While in military service, were you ever convicted of any crime graded as a misdemeanor, felony or greater offense? If YES, give date, place, law enforcement agency or type of Court or Court Martial, charge, and action taken for each incident, using separate sheet to record this information. \_\_\_\_\_

Are you presently a member of the National Guard or Reserve?  
If YES, complete the following:

Grade and Service No.: \_\_\_\_\_

Service and Component: \_\_\_\_\_

Organization and Station or Unit and address: \_\_\_\_\_

\_\_\_\_\_ Status: \_\_\_\_\_

Indicate remaining obligation if any: \_\_\_\_\_

20. SELECTIVE SERVICE:

Selective Service No.: \_\_\_\_\_ Last Classification: \_\_\_\_\_

Date: \_\_\_\_\_ Local Board: \_\_\_\_\_

Address: \_\_\_\_\_

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21. CHARACTER REFERENCES. List only character references who have definite knowledge of your qualifications for the position being applied for. 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

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?  YES  NO If YES, give details?

23. Have you ever applied for a position with any other governmental agency?  YES  NO If YES, give details?

24. Do you require any special accommodations for taking the written examination? Yes \_\_\_\_ No \_\_\_\_  
If so please explain and provide documentation to support the need.

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25. CERTIFICATION:

I certify that there are no misrepresentations, 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.

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Print Name

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Signature

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Date

(rev. Jan.08)

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**NOTIFICATION PROCEDURE RELEASE**

During the processing procedure it may become necessary to contact the applicant for the position of Fire Fighter/Paramedic with the Municipality of Kingston.

If conventional methods fail in the attempt to contact the applicant, a certified letter will be sent to the applicant's address listed on the application. Should the certified 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 Civil Service Commission of the Municipality of Kingston, in writing, of any address change. By affixing your signature to this form, the applicant, you acknowledge that you have read and understand the contents of this notice and of the procedure explained herein.

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Date

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Signature

## **ESSENTIAL DUTIES OF A FIRE FIGHTER/PARAMEDIC**

### **Nature of Work**

Work involves, as the first priority, fighting fires and responding to calls for pre-hospital emergency medical assistance with main concern for saving lives. This task calls for delivering assigned fire apparatus or ambulance to fires or pre-hospital emergency medical assistance calls quickly and safely. Work also involves routine mechanical and appearance maintenance of vehicles, building and equipment. Position requires the incumbent to work with little supervision but to work by procedures and regulations established by the Fire Chief and the Department's Medical Director. Incumbents must work closely with other Firefighters, Firefighter/E.M.T.'s, and Firefighter/Paramedics.

### **Tasks/Responsibilities, Conditions, Standards**

All tasks/responsibilities, conditions and standards as outlined under title of Firefighter and Firefighter/Paramedic shall apply with additional duties described below:

#### **Task 1**

##### **Patient Care**

#### **Conditions:**

Perform the techniques of both Basic and Advanced Life Support as required in accordance with current Pennsylvania Department of Health standards for Paramedic.

#### **Standards:**

Prevent loss of life. Prevent further injury to patient.

#### **Skills, Knowledge, and Abilities**

- Considerable knowledge of basic firefighting methods and equipment.
- Considerable knowledge of both Basic and Advance Life Support techniques and equipment.
- Knowledge of use for a wide variety of tools.
- Skills in mechanical type work.
- Skills in making quick judgements about importance of information.
- Ability to work closely with other people.
- Ability to self-motivate; to work with little direct supervision.

#### **Minimum Qualifications**

- High school diploma or equivalent.
- Current valid Pennsylvania driver's license.
- Current Pennsylvania Department of Health certification as Paramedic with medical command Certified by the Medical Director.
- Be a citizen of the United States of America.
- Be physically and mentally fit to perform the full duties of a firefighter/paramedic.
- Have Firefighter 1 certification.



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**WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION**

I, \_\_\_\_\_ hereby give the Municipality of Kingston the right to make a thorough investigation into my background, previous employment, education and references in order to ascertain my suitability for service as a firefighter/paramedic. I release from all liability and claims any and all persons, companies and corporations (public and private) supplying any information whatsoever to representatives of the Municipality of Kingston. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentiality clause. I release, indemnify and hold harmless the Municipality of Kingston, its officials, officers and employees from any and all liability which might result from conducting such an investigation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public