



The City of Warren Fire Department  
Employment Application Information



**APPLICATION RETURNS**

All applications **must** be returned to the City of Warren Police Department Reception Area or be postmarked by the date provided in the most recent employment advertisement. Applications mailed should be directed to: **City of Warren, Attn: Cindy Strandburg, 318 W Third Ave, Warren, PA 16365.**

**WRITTEN EXAMINATION**

All applicants will be notified by mail of the date, time and location of the written examination. You will receive further instructions as to the remainder of the testing procedure with the notice of written test.

**NOTICE**

Applicants must be a U.S. Citizen, 18 years of age, possess a current and valid driver's license, and High School diploma or GED. Applicants must successfully pass a criminal background check, physical, and drug screening.

**ACCOMODATIONS**

If you need assistance with completing this application or participating in the testing process due to a disability as defined under the ADA, please call the City's ADA Compliance Officer at (814) 723-6300 at least three (3) business days prior to the scheduled meeting or event to request an accommodation.

**THE CITY OF WARREN IS AN EQUAL OPPORTUNITY EMPLOYER (EOE)**

## Application for Employment

Please fill out the following application as completely as possible. Answers should be handwritten (do not type). If you need additional space for any question, please use the attached sheets. Failure to completely answer all questions herein may result in disqualification. Please mark all questions that do not pertain to you with N/A.

### QUESTIONNAIRE (PLEASE PRINT)

1. \_\_\_\_\_  
     LAST NAME                      FIRST                      MIDDLE                      DATE
2. \_\_\_\_\_  
     TELEPHONE                      NICKNAME(S)                      OTHER CHANGE IN NAME
3. \_\_\_\_\_  
     PRESENT RESIDENTIAL ADDRESS                      STREET, CITY, STATE, ZIP CODE
4. \_\_\_\_\_  
     U.S. CITIZEN (Yes/No)                      DATE                      PLACE                      COURT

5. **RESIDENCES:** List all for the past seven (7) years beginning with the most current.

MONTH & YEAR FROM	TO	ADDRESS	WITH WHOM DID YOU LIVE

6. **VEHICLE OPERATOR'S LICENSE:** Give the following information concerning any vehicle operator's license you hold or previously held.

LICENSE CLASS	NUMBER	ISSUING AUTHORITY	EXPIRATION

**HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED? YES  NO**

**If yes, state violation, court, jurisdiction and date of conviction:**

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**7. CONVICTION OF A CRIME**

Have you ever been convicted of a misdemeanor or felony? **YES  NO**

**If yes, state violation, court, jurisdiction and date of conviction:**

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**EDUCATION**

A. List all elementary, junior high and senior high schools attended. (Verification will be required)

NAME AND ADDRESS	ATTENDED	COMPLETED	GRADUATED

B. Higher Education: List all Colleges or Universities attended. (Verification will be required)

NAME AND ADDRESS	ATTENDED		COMPLETED	DEGREE	
	FROM	TO	SEMESTER/ QUARTER	REC'D	YEAR

C. Other schools or training (trade, vocational, military). Give for each the NAME and LOCATION of the school, dates attended, subjects studied, certificate earned and any other pertinent data.

NAME AND ADDRESS	ATTENDED		COURSE	CERTIFICATE/ DATA
	FROM	TO		

**8. SPECIAL QUALIFICATIONS AND SKILLS**

A. Indicate any type of special license such as pilot, radio operator, etc. List licensing authority, where the license was first issued and dates any current licenses expire.

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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 \_\_\_\_\_      Shorthand \_\_\_\_\_

D. Special qualifications not covered in the application: (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, specialized training, apprenticeship skills, etc.)

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**9. FOREIGN LANGUAGE:** Enter language and indicate fluency.

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

**10. LIST PROFESSIONAL, TRADE, BUSINESS, CIVIC, ACTIVITIES**

(You may exclude membership, which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status.)

NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY OR OFFICE HELD

WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
City of Warren Application for Employment

11. **EMPLOYMENT:** Begin with your most recent job and list your work history for the past ten (10) years, including part-time, temporary, seasonal employment and all periods of unemployment.

DATE	NAME AND ADDRESS	JOB TITLE	REASON FOR LEAVING
FROM			
TO		DESCRIPTION OF DUTY	
SALARY	SUPERVISORS NAME	CO-WORKERS NAME	

DATE	NAME AND ADDRESS	JOB TITLE	REASON FOR LEAVING
FROM			
TO		DESCRIPTION OF DUTY	
SALARY	SUPERVISORS NAME	CO-WORKERS NAME	

DATE	NAME AND ADDRESS	JOB TITLE	REASON FOR LEAVING
FROM			
TO		DESCRIPTION OF DUTY	
SALARY	SUPERVISORS NAME	CO-WORKERS NAME	

DATE	NAME AND ADDRESS	JOB TITLE	REASON FOR LEAVING
FROM			
TO		DESCRIPTION OF DUTY	
SALARY	SUPERVISORS NAME	CO-WORKERS NAME	

**If additional employer blocks are needed, please use attached sheets.**

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for any reason, or subject to disciplinary action while in any position? Yes  No  If "YES", state reason:

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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:

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**12. MILITARY STATUS**

Yes  No  Have you ever served in the U.S. Armed Forces? If "YES", verification of Veteran's status may be required.

Yes  No  Are you requesting consideration of Veterans preference?

Yes  No  While in Military Services were you ever convicted for any crime graded as a misdemeanor or felony?

If "YES", give date, place, law enforcement agency or type of court or court martial, charge and action taken for each incident. (Use attached sheet.)

Describe any job related training received in the United States Military:

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**13. CHARACTER REFERENCES:** List five (5) character references. (**DO NOT** list relatives, former employers, or persons living outside of the United States.)

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN

**14. PROFESSIONAL REFERENCES:** (**DO NOT** include any individuals who are related to you).

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN

15. If you are under 18 years of age, can you provide required proof of eligibility to work?

Yes  No

16. Have you ever filed an application with us before?

Yes  No

If Yes, give date \_\_\_\_\_

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City of Warren Application for Employment

17. Have you ever been employed by us before? Yes  No

If Yes, give date \_\_\_\_\_

18. Are you currently working? Yes  No

19. May we contact your present employer? Yes  No

20. On what date would you be available for work? \_\_\_\_\_

21. Are you available to work:  Full Time  Part Time  Shift Work  Temporary/Seasonal

22. Can you travel if a job requires it? Yes  No

23. Have you ever applied for a position with any other governmental agencies? Yes  No

If "YES", provide the details:

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**Note to Applicants:** DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Applicant's Statement**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize all current and former employers, educational institutions and references to release information relevant to my application for employment and I release the City, all current and former employers, educational institutions and references from any and all liability related to the release of such information.

This application for employment shall be considered active through the completion of the next examination process following submittal of the application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

## **Notification Procedure Release**

During the hiring process, it may become necessary to contact the applicant for further consideration.

If conventional methods fail in establishing contact with the applicant, a certified-registered letter will be sent to the applicants address listed on the application. Should the registered letter be returned unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the responsibility of the applicant to notify the City of Warren, in writing, of any change in address or phone number.

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Signature of Applicant

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Date

# WARREN FIRE Department

## UTILITY FIRE FIGHTER (UTFF) JOB DESCRIPTION

### **I. Purpose of the Position**

1. To provide a component of on duty manpower on an as needed basis to facilitate the delivery and support of Department services and functions as assigned by the Chief. Duties shall include, but not be limited to, fire suppression activities, delivery of pre-hospital care to the sick and injured, Hazmat services, fire prevention activities, Department training, pre-planning and administration.

### **II. Qualifications**

In accordance with the stated intent, UTFF personnel shall possess and maintain such qualification as determined by the Chief and are needed to fill the purpose of the position. As a minimum, the following certification or equivalent must be held at probationary appointment or obtained as indicated in Section VIII below and must be maintained:

1. Pennsylvania EMT certification.
2. Department approved Fundamentals of Fire Fighting certification.
3. Department approved Emergency Vehicle Operations certification.
4. Department approved Hazmat certification.
5. Successfully complete Department training and orientation program.
6. Possess the knowledge/skill to perform duties and functions described in NFPA Fire Fighter 1001, 1992 edition, as designated by the Chief.
7. Department approved Incident Command System certification.
8. At time of application, be at least 18 years of age, possess a valid PA driver's license and have a high school diploma or equivalent. PA driver's license must be maintained at all times.

### **III. Personnel Guided**

None.

### **IV. Equipment Operated**

1. All emergency response apparatus and associated equipment including personal protective gear.
2. All apparatus and equipment which provide direct or indirect support to Department emergency or non-emergency response operations.
3. All equipment needed for the maintenance and care of Department property used by the Department.

### **V. Essential Functions**

1. Extinguishment of the fires, working as a member of a team using appropriate gear, tools and extinguishing agents. This function will include, but not be limited to:
  - a. The donning/doffing of full turnout gear including SCBA.

- b. The use of SCBA under emergency conditions with reduced visibility and area.
  - c. Advancement of charged and uncharged hand lines into structures, and up ladders to upper floors.
  - d. Operation of 1-3/4 hand line flowing 100 GPM for one minute unaided, and operation of a 2-1/2 inch line flowing 180 GPM for one minute with the assistance of one other fire fighter.
  - e. Ability to climb the full length of each type of ladder in the Department in full gear and perform fire suppression and rescue functions.
  - f. Deployment of a 24 foot extension ladder from a pump to a second floor window in the standard manner.
2. Provide Department related medical services according to Department policy. This function will include, but not limited to, the following functions:
    - a. Frequent lifting and moving of patients.
    - b. Provision of patient care.
  3. Operation of Department vehicles safely through routine maneuvers such as backing into station, pulling next to a barrier, serpentine maneuvers and confined space turnaround.
  4. Operation of Department pumps to produce effective hand line or master streams utilizing internal tank, static and pressurized water sources so that the pump is effectively engaged and all pressure and safety devices are properly set and monitored.
  5. Maneuvering the aerial truck so it is properly positioned for use in an emergency. Ability to safely deploy and operate the aerial ladder and associated master stream devices in a safe and effective manner.
  6. Operation of Department vehicles safely through traffic in emergency/non-emergency response.
  7. Conduct building inspections. Give public education classes.
  8. Response to Hazmat incidents.

## **VI. Other Responsibilities**

1. Complete reports and other clerical work as directed.
2. Perform basic station and vehicle maintenance as directed.
3. Coordinate and schedule Department functions as directed.
4. Participate in Department training as directed.
5. Conduct radio communications.
6. Provide instruction on a Department wide basis as qualified.
7. Other assigned duties to fulfill the purpose of the position.

## **VII. Physical Requirements**

The job of a UTFF is physically demanding. Most essential functions require muscular strength and endurance, aerobic capacity, flexibility, equilibrium and anaerobic power. UTFF's shall maintain sufficient physical ability to perform essential functions. As a result of a recognized deficiency in essential functions, return after disability or sickness a UTFF may be required to demonstrate continued ability to perform essential functions. A UTFF who demonstrates a continued inability to perform essential job functions, or is unable to perform essential functions for a documented medical reason, will be considered ineligible to continue as a UTFF.

## **VIII. Probationary Period**

UTFF's shall undergo a 12 month probationary period during which he shall obtain all required qualifications within the time frames designated and undergo evaluation of work and conduct by

the immediate supervisor and/or the Chief. If not held at appointment, EMT and department approved Fundamentals of Firefighting certification shall be obtained within a time frame established by the Chief. Time permitted to obtain firefighter essentials and EMT certification will depend on candidate experience and Department need. All other qualifications except those required for application must be obtained within the probationary period. At a minimum, probationary UTFF must successfully complete the Department training and orientation program, hold Fundamental of Firefighting certification and be approved by the Chief prior to being eligible to fill shift vacancies. Probationary UTFF may be terminated at any time for failure to obtain required qualifications or, if after evaluation, work or conduct is found to be unsatisfactory to the Chief or Manager.

# VERIFICATION

Statements "Under Penalty" (Title 18 PA Crimes Code, Section 4904). A person Commits a misdemeanor of the third degree, if he/she makes a written false statement which he/she does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to take effect in False Statements made therein are punishable. Under penalties as provided by law the undersigned certifies that the statements set forth in the attached City of Warren Police Department application are true and correct.

**Notarization if required for this page.**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, swear or affirm and verify that the statements made in the foregoing application are true and accurate to the best of my knowledge, information and belief.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



## The City of Warren Fire Department

### Application Check List



Have You...

- Completed the Application with No Blank Answers Remaining
- Signed the Applicants Statement and Notification Procedure
- Signed Verification Sheet