Johnsonburg Fire Department
Fire - Rescue
99 Clarion Road
Johnsonburg, PA 15845
Phone 814-965-4276 Fax 814-965-4276

Background Checks

Purpose:

(Definition e.g.) A background check is a process whereby (Employer) gather information from third party sources regarding an applicant (or an employee's) (Personal and) work history. The background check can include (reviewing driving records, criminal convictions, prior employment history, academic history, credit history, sex offender registries, social websites e.g.) as well as conducting interviews or persons that know of your past. The background check will comply with related state laws regarding background checks. / Investigations.

Background checks help determine an applicant's or employee's ability to perform a job, specific job function or weather and applicant or employee poses a risk to (employer, employees, volunteers, children e.g.) and others that interact with our workplace.

Scope:

The background check process applies to all members of the organization.

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct. I understand that any false information or the omission of information may be sufficient reason for denial of employment or termination of employment if I become an employee. I recognize that completion of this application does not imply acceptance and does not obligate Johnsonburg to hire me. Applications will remain active for six months, after which time re-application will be necessary. If accepted for employment I agree to abide by all rules, regulations, and policies established by Johnsonburg or its officers. I understand that if hired, my employment is at will and may be terminated at anytime for any reason. This application is not an agreement or a contract for employment.

I understand that I may be required to undergo drug and alcohol screening tests as a condition of employment, and at times while I am an employee. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Johnsonburg, and I give my consent to the release of all information which the company deems necessary to determine my ability to perform duties now or in the future. I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from Johnsonburg.

I hereby authorize Johnsonburg and a police department of the corporation's designation to make any investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance check and other such inquiries. I release Johnsonburg and any agency acting on Johnsonburg's behalf, and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Signature of Parent or Legal Guardian: _____
(Required if applicant is under 18 years of age)

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J- No_____

Please Print

VFIS

Beneficiary Designation for Accident & Sickness Policy

Name_____

Date of Birth_____ **Date Joined Dept.**_____

Complete, sign and date this block if you wish to name or change your beneficiary

Primary Beneficiary Name _____ Relationship_____ Date of birth_____ Share_____%

Name_____ Relationship_____ Date of Birth_____ Share_____%

Contingent Beneficiary Name_____ Relationship_____ Date of Birth_____ Share_____%

Name_____ Relationship_____ Date of Birth_____ Share_____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve to revoke or change this designation.

Signature_____ **Date**_____

This form will be retained in your department file.

Additional Information Needed Below.

Address_____
City_____ **Zip**_____
Telephone Number_____ **Cell Phone No**_____
Driver's License No._____ **Expiration Date**_____
Social Security No._____
E-Mail Address _____
Cell Phone Provider -- VERIZON ATT CRICKET TRACFONE ?_____

dept./ben/form/11/21 updated

Notice to Member/Prospective Member

The Johnsonburg Fire Department (Employer) reserves the right to investigate the backgrounds of applicants and employees (volunteer or paid) at any time and without any notice. The Johnsonburg Fire Department (Employer) also reserves the right to use third parties to perform these investigations.

In addition the Johnsonburg Fire Department (Employer) may use information you have provided in the past, to perform a background check, including, but not limited to, your application to the organization, and all related information, e.g. driver's license, residences, and social security review.

Background Investigation

Do you have a criminal record? (Convictions Only) _____Yes _____No

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I agree to permit The Johnsonburg Fire Department to conduct an investigation into my background through The Johnsonburg Police Department, State Police, FBI or any other recognized law enforcement organization or third party that conducts background investigations. The Johnsonburg Fire Department will hold this information in strict confidence. I also agree to provide information regarding my driver license and acknowledge and permit annual motor vehicle records to be conducted. I the event financial assets are under my care/custody/control, a credit check may also be conducted.

I further recognize that a physical examination is required, at the expense of The Johnsonburg Fire Department to assure the physical ability to perform physical firefighting duties and to demonstrate a cancer free status.

Signature of Applicant: _____**Date** _____

Signature of Fire Chief: _____**Date** _____

All sections of this application need to be completed in full and submit the application to either the Chief or Deputy Chief.

Actions

The Johnsonburg Fire Department (Employer) reserves the right to take action consistent with the organization's Discipline Policy, up to and including immediate termination.

The Johnsonburg Fire Department (Employer) reserves the right to initiate immediate termination if a member is found to be a convicted arsonist.

The Johnsonburg Fire Department (Employer) reserves the right to take action, e.g. suspension, probation, etc. if the member is found local determination.

Questions About This Policy

If you have questions, suggestions or concerns about this policy, you should direct them to the President. If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with the person, the persons, the department listed above, you can direct them to the Fire Chief.

JOHNSONBURG FIRE DEPARTMENT

APPLICATION

Johnsonburg Fire Department ("Johnsonburg") considers applications for employment /membership without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by law. All employment applications will be reviewed by management. Upon acceptable review by the trustees, the applicant will be considered for employment /membership.

Position Applied For:

_____ Firefighter

_____ Fire Police

_____Auxiliary

JOHNSONBURG DOES NOT TOLERATE THE USE OF ILLEGAL DRUGS

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: _____-_____-_____ Date of Birth:_____/_____/_____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail address: _____

Are you at least 18 years of age? YES NO

If no, a parent or legal guardian must sign this application and, if you are still in high school, you must attach a work certificate and the parental permission slip to this application.

How did you find out about Johnsonburg? _____

List any relatives or friends who are members of Johnsonburg:

_____

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List any relatives or friends who are members of Johnsonburg:

_____

VOLUNTEER FIRE COMPANY AND PUBLIC SAFETY EXPERIENCE

Have you ever been a member or employee of Johnsonburg or any other Fire Company, ambulance service, or other public safety organization in the past? If so, indicate the name and location of the company, date of membership or employment, and reason for leaving:

_____

_____

_____

CERTIFICATION INFORMATION
(Photocopies or other verification required at interview)

Certification	**Certification Number**	**Expiration Date**	**Instructing/Certifying Agency**
CPR			
EMT/EMT-P			
ALCS			
PALS			
Firefighting Certification			

GENERAL INFORMATION

Do you have a valid Driver's License? YES NO Type: _____

Issued by what State?_____ Driver's License #: _____

List all moving traffic violations (convictions) and accidents you have had in the last five years. For each violation, describe the violation and the date of conviction, and for each accident, describe the date, type of accident, date, and if you were at fault:

_____

_____

_____

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, or had your license revoked or suspended?

YES NO

MILITARY EXPERIENCE:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

PRIOR CONDUCT

With respect to your past employment and volunteer activities, have you ever been:

Placed on probation or terminated for excessive absenteeism?	YES NO
Disciplined or fired for insubordination?	YES NO
Disciplined or fired for violation of safety rules?	YES NO
Disciplined or fired for assault or fighting?	YES NO
Disciplined or fired for harassment?	YES NO
Disciplined or fired for patient abuse?	YES NO
Disciplined or fired for alcohol or drug related activity?	YES NO

If you answered yes to any question above, please explain: _____

_____

Answers of "Yes" for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:
Name: _____ Address: _____
Years completed: _____ _____
Did you graduate? YES NO _____
If not, highest grade completed: _____ Have you received your GED? YES NO

COLLEGE:
Name:_____ Address: _____
Years Completed: _____ _____
Did you graduate? YES NO _____
Degree:_____ Major: _____ Minor: _____

OTHER COLLEGE:
Name:_____ Address: _____
Years Completed: _____ _____
Did you graduate? YES NO _____
Degree:_____ Major: _____ Minor: _____

TECHNICAL SCHOOL:

Name:_____ Address: _____

Years Completed: _____ _____

Did you graduate? YES NO _____

Certificate: _____ License: _____

Expires: _____ Expires: _____

OTHER SCHOOL/TRAINING:

Name:_____ Address: _____

Years Completed: _____ _____

Did you graduate? YES NO _____

Certificate: _____ License: _____

Expires: _____ Expires: _____

OTHER: _____

_____

FIRE SERVICE/EMS RELATED TRAINING IN ADDITION TO CERTIFICATIONS:

_____

_____

_____

FIRE/EMS/PROFESSIONAL AFFILIATIONS (other than listed under prior employment or prior fire company membership):

_____

_____

_____

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

_____

_____

_____

_____

_____

What motivated you to apply for employment at Johnsonburg?

_____

REFERENCES

List **three** persons, other than relatives and past employers, who have knowledge of your character, work experience, education, or volunteer activities.

Name: _____ Address: _____

Occupation: _____ Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____ Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____ _____

Years Known: _____ _____

Telephone Number (including area code): _____