



# Application & Waiver

## Spring Mill Fire Company No.1 - 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 July 8, 2022: \_\_\_\_\_ 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: \_\_\_\_\_

Are you a High School Graduate? \_\_\_\_\_ YES \_\_\_\_\_ NO

Graduation Year: \_\_\_\_\_ High School Name: \_\_\_\_\_



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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: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



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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: \_\_\_\_\_

## 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: \_\_\_\_\_



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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:

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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, relating to unsworn falsification to authorities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This application must be received at Spring Mill Fire Company No.1, 1210 East Hector Street, Conshohocken, PA 19428 no later than 4:00 pm on Friday, July 8, 2022. Candidates shall turn in the application, \$25.00 application fee, and letters of recommendation at the time of the submission*



# Application & Waiver

## Physical Agility Test Personal Injury Waiver Spring Mill Fire Company No.1

### General Waiver

As a candidate for the position of full-time firefighter with the Spring Mill Fire Company No.1, 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 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 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 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 limitations that may predispose me to risk during this agility test.

I also grant permission to the Spring Mill Fire Company No.1 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 canceled or changed in writing by the undersigned.

**By signing below, I acknowledge that I have read and understood 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, July 17, 2022, 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 9:00 am 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 8:15 am and 8:45 am on Sunday, July 17, 2022
- 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 a long or short sleeve shirt, work gloves, hard sole shoes/boots, and a structural firefighting helmet (if you 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).