Perry Hi-Way Hose Co., Inc.

8281 Oliver Road

Erie, PA 16509

814-864-0680

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| Applicant Information |

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| Full Name: Date: |
| Last First M.I. |
| Address: |
| Street Address Apartment/Unit # |
|  |
| City State Zip Code |
| **( ) -**  |
| Phone Number Email |
| * **- / /**
 |
| Social Security # Date of Birth |

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| Employment Desired: Firefighter/ EMT [ ]  |  Firefighter/Paramedic [ ]  |
| Are you a citizen of the United States? | [ ] Yes  [ ] No |
| If no, are you authorized to work in the U.S.? | [ ]  Yes [ ]  No |
| Have you ever been a member in this department? | [ ]  Yes [ ]  No If yes, when: |
| Have you ever been convicted of drunk driving? | [ ]  Yes [ ]  No If yes, when: |
| Have you ever had loss of license from points? | [ ]  Yes [ ]  No If yes, when: |
| Have you ever been convicted of a felony? | [ ]  Yes [ ]  No |
| If yes, explain: |  |
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| Driver’s License #  | State Expiration Date |
| Emergency Contact | Phone # Relationship( ) |

 Information

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| Education |

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| **High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| From: \_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate? [ ] Yes [ ] No Diploma: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A**ddress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| From: \_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate? [ ] Yes [ ] No Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |
| **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| From: \_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate? [ ] Yes [ ] No Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| References |

 **Please list three professional references.**

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| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: |
|  |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: |
|   |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: |

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| Certification |

 **Do you have any Emergency Medical Services training?**  [ ]  Yes [ ]  No

 If yes, please provide certification(s) and dates of completion and attach a copy of certificate(s):

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 **Do you have any firefighting training?**  [ ]  Yes [ ]  No

 If yes, please provide certification(s) and dates of completion and attach a copy of certificate(s):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Do you have any rescue training?**  [ ]  Yes [ ]  No

 If yes, please provide certification(s) and dates of completion and attach a copy of certificate(s):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Work Experience |

**Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name.** Attach additional sheets if necessary.

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| Name of Employer | Name of last supervisor | Employment dates | Pay or Salary |
| AddressCity, State, Zip |  | FromTo | StartFinal |
| Phone Number | Your last job title |  |  |
| Reason for leaving (be specific) |  |  |  |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
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| Work Experience - continued |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employer | Name of last supervisor | Employment dates | Pay or Salary |
| AddressCity, State, Zip |  | FromTo | StartFinal |
| Phone Number | Your last job title |  |  |
| Reason for leaving (be specific) |  |  |  |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
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| Affiliation |

 **Please list any past Fire Department affiliation and years there.**

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| Department Names: Years there: |
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| Military Service |

 **Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From: \_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Discharge Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Minimum Qualifications |

 Do you possess the minimum qualifications as described below?

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| --- | --- |
| Must be at least 18 years of age | [ ] Yes [ ] No |
| High School Diploma or GED equivalency | [ ]  Yes [ ]  No |
| Valid Pennsylvania Driver’s License | [ ]  Yes [ ]  No  |
| Medical Training: EMT | [ ]  Yes [ ]  No  |
| Medical Training: Paramedic | [ ]  Yes [ ]  No |
| Healthcare Provider CPR Certification | [ ]  Yes [ ]  No |
| BVR Technician (PA certification) | [ ]  Yes [ ]  No |
| Hazmat Operations – 24 hour program with current refresher | [ ]  Yes [ ]  No |
| NIMS 100 | [ ]  Yes [ ]  No |
| NIMS 200 | [ ]  Yes [ ]  No |
| NIMS 700 | [ ]  Yes [ ]  No |
| Essentials of FF + Structural Burn or **FF1 Certification** | [ ]  Yes [ ]  No |

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| If you do not meet the minimum qualifications please explain below: |
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| Why do you want to work at Perry Hi-Way Hose Company? |

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| APPLICATION FORM WAIVER |

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| Please read each paragraph closely, initial each, and sign below |

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|  |  | I hereby certify that I have not knowingly withheld any information that might adverselyaffect my chances for employment and that the answers given by me are true and correctto the best of my knowledge. I further certify that I , the undersigned applicant, havepersonally completed this application. I understand that any omission or misstatementof material fact on this application or any other document used to secure employmentshall be grounds for rejection of this application or for immediate discharge if I amemployed, regardless of the time elapsed before discovery. |

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| --- | --- | --- |
|  |  | I hereby authorize Perry Hi-Way Hose Company to thoroughly investigate my references, work records, education, driving record, criminal background and other matters relatedto my suitability for employment. I further authorize the employers, schools and other references I have listed to disclose to Perry Hi-Way Hose Company any and all documentstranscripts, letters, reports and other information related to these references, without givingme prior notice of such disclosure. I hereby release Perry Hi-Way Hose Company, my former employers, and all other persons, corporations, partnerships and associations fromany and all claims, demands or liabilities arising out of or in any way related to suchinvestigation or disclosures. |

 Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax completed application to 814-860-8345

Or

Drop off / Mail to: Perry Hi-Way Hose Company

8281 Oliver Road, Erie PA 16509