

**PERSONAL INFORMATION STATEMENT
FIREFIGHTER CANDIDATE**

Bensalem Township Fire Rescue
Department of Public Safety
2400 Byberry Road
Bensalem, PA 19020
(215) 633-3617
Candidate Recruiting Unit

INSTRUCTIONS

PRIOR TO BEGINNING YOUR PERSONAL INFORMATION STATEMENT, READ THE FOLLOWING INSTRUCTIONS.

1. You must print legibly using ink when completing your Personal Information Statement.
2. All questions must be answered. If a question does not apply to you, fill in the space provided as follows: **N/A**
3. Before you begin to write, make sure all the information you will be providing is correct and accurate.
4. You are responsible to obtain the correct spelling of all names and addresses.
5. If additional space is needed, attach additional pages to your Personal information Statement. Make sure that you reference these additions to the corresponding section and question number of your Personal Information Statement.
6. Any false information on the Personal Information Statement provided by the Firefighter Candidate **will** disqualify the Firefighter candidate from employment with the Bensalem Township Department of Public Safety.
7. Any information that is requested on this Personal Information Statement and intentionally omitted by the Firefighter Candidate **may** disqualify the Firefighter Candidate from employment with the Bensalem Township Department of Public Safety.
8. **DO NOT** provide any information regarding medical or physical disabilities on your Personal Information Statement.
9. **Applicant must bring a valid photo drivers license to each step of the selection process.**

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS

Signature of Applicant

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of fire fighter with the Bensalem Township Department of Public Safety.

If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered 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 Bensalem Township Department of Public Safety, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that they have read and understood the contents of this procedure.

Signature

Date

Excluding your current address, list all addresses where you have resided for the past 10 years. List the dates by month and year. DO NOT include the address you have provided in your Personal Information Statement. Work from your current address back to your first address.

BEGINNING DATE	ENDING DATE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT – Beginning with your current employment, or your most recent employment, list all employment held by the fire fighter/fire inspector candidate including part-time, seasonal, temporary or volunteer (example: Volunteer firefighter or emergency service) in the last 10 years.

1. Beginning _____ Ending _____

Name of Employer _____

Name of Supervisor _____

Address _____

Phone Number _____ Position(s) held _____

Job Responsibilities _____

Beginning Salary _____ Ending Salary _____

Reason for leaving this employment _____

2. Beginning _____ Ending _____

Name of Employer _____

Name of Supervisor _____

Address _____

Phone Number _____ Position(s) held _____

Job Responsibilities _____

Beginning Salary _____ Ending Salary _____

Reason for leaving this employment _____

3. Beginning _____ Ending _____

Name of Employer _____

Name of Supervisor _____

Address _____

Phone Number _____ Position(s) held _____

Job Responsibilities _____

Beginning Salary _____ Ending Salary _____

Reason for leaving this employment _____

4. Beginning _____ Ending _____

Name of Employer _____

Name of Supervisor _____

Address _____

Phone Number _____ Position(s) held _____

Job Responsibilities _____

Beginning Salary _____ Ending Salary _____

Reason for leaving this employment _____

5. Beginning _____ Ending _____

Name of Employer _____

Name of Supervisor _____

Address _____

Phone Number _____ Position(s) held _____

Job Responsibilities _____

Beginning Salary _____ Ending Salary _____

Reason for leaving this employment _____

Attach additional sheets to your Personal Information Statement if needed.

CRIMINAL CONVICTION(S)

Have you ever been convicted of a crime?

YES _____ NO _____

If yes, provide the following information:

1. The date of conviction _____

2. Type of crime(s) _____

3. Court of jurisdiction _____

4. Sentence _____

EDUCATION

GRADE SCHOOL(S)

Name _____

Address _____

Dates attended: From _____ to _____

JUNIOR HIGH SCHOOL/MIDDLE SCHOOL

Name _____

Address _____

Dates attended: From _____ to _____

Name _____

Address _____

Dates attended: From _____ to _____

HIGH SCHOOL

Name _____

Address _____

Dates attended: From _____ to _____

Name _____

Address _____

Dates attended: From _____ to _____

Graduated: Yes _____ No _____

If yes, give month and year _____

If you obtained a G.E.D., provide the following information: date you received the diploma, the city, state and agency where you completed your classes:

HIGHER EDUCATION

List all colleges or universities attended:

1. College or University attended _____

Address _____

Dates attended: From _____ to _____

Major/Minor _____

Degree Received: Yes _____ No _____

Type of Degree _____

Date Received _____

Credits Received _____

2. College or University attended _____

Address _____

Dates attended: From _____ to _____

Major/Minor _____

Degree Received: Yes _____ No _____

Type of Degree _____

Date Received _____

Credits Received _____

3. College or University attended _____

Address _____

Dates attended: From _____ to _____

Major/Minor: _____

Degree Received: Yes _____ No _____

Type of Degree _____

Date Received _____

Credits Received _____

CERTIFICATIONS: Please provide copies of any certifications with application.

Description	Yes	No
Proboard, IFSAC or Equivalent Firefighter I Certification		
Proboard, IFSAC or Equivalent Firefighter II Certification		
Proboard, IFSAC or Equivalent Hazardous Material Operations Certification		
Pump Operations I		
Emergency Vehicle Driver Training (EVOC/EVDT)		
PA Emergency Medical Technician (EMT)		
ICS 100, 200, 700 and 800		
PA UCC Fire Inspector I Certification		
Proboard, IFSAC or Equivalent Fire Inspector 1 Certification		
Basic Vehicle Rescue Certification		
ICS 300		
ICS 400		
Driver Operator Certification		

OTHER CERTIFICATIONS

ADDITIONAL EDUCATION

List additional education (examples: trade school, business schools fire/emergency medical training, etc.)

1. Name of school or training _____

Address _____

Dates attended: From _____ to _____

Certification _____

2. Name of school or training _____

Address _____

Dates attended: From _____ to _____

Certification _____

3. Name of school or training _____

Address _____

Dates attended: From _____ to _____

Certification _____

AFFILIATION WITH OTHER FIRE DEPARTMENTS OR EMS SERVICES

1. Department Name _____

Address _____ Phone _____

Positions Held _____ Dates _____

2. Department Name _____

Address _____ Phone _____

Positions Held _____ Dates _____

3. Department Name _____

Address _____ Phone _____

Positions Held _____ Dates _____

ADDITIONAL CERTIFICATIONS OR SKILLS

List any special licenses or skills you currently hold (examples: pilots license, scuba, etc.)

FOREIGN LANGUAGES (EXCELLENT, GOOD, FAIR)

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DRIVERS LICENSE

Has your motor vehicle license ever been suspended or revoked?

YES _____ NO _____

If yes, give dates, location and reason for the suspension or revocation:

MOTOR VEHICLE VIOLATIONS

Month & Year	Charge	City & State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MOTOR VEHICLE ACCIDENTS

Give details including time, date and location of the accident(s). Indicate if you were the operator of a vehicle or a passenger or pedestrian.

REFERENCES

List five people that know you well enough to provide current information about you. Do not list relatives, current or former employers.

1. Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Number of years you have known this person: _____

2. Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Number of years you have known this person: _____

3. Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Number of years you have known this person: _____

4. Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Number of years you have known this person: _____

5. Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Number of years you have known this person: _____

