



**MANHEIM TOWNSHIP
LANCASTER COUNTY, PENNSYLVANIA**

(An Equal Opportunity Employer)

Application for Assistant Fire Chief

Applicant Name *(Last)* *(First)* *(Middle)*

Street Address

City *State* *Zip*

Primary Contact Number (Area Code & Number) _____ Secondary Contact Number (Area Code & Number) _____

Email Address

Valid Driver's License Number License Class State of Issue

Are you a U.S. Citizen? Yes No Place of Birth

Please briefly explain why you are interested in becoming an Assistant Fire Chief for Manheim Township Fire Rescue:

I, _____, understand failure to complete this application packet completely, accurately, and legibly will eliminate me from further consideration.

Applicant Signature

Date

Education

	Name Of School	Mailing Address	Did you Graduate	Years Attended	Diploma Or Degree Rec'd
High School					
College					
Technical/Trade					

Employment History

Please provide your employment history beginning with your current or most recent employer. List all positions held including fulltime and part-time for the past 10 years. Details of any period of unemployment must be included. Include additional sheets if necessary.

Start Date:	Employer Name:	Phone:	Position Title:	Salary:	Reason for leaving:
End Date:	Employer Address:				
Start Date:	Employer Name:	Phone:	Position Title:	Salary:	Reason for leaving:
End Date:	Employer Address:				
Start Date:	Employer Name:	Phone:	Position Title:	Salary:	Reason for leaving:
End Date:	Employer Address:				
Start Date:	Employer Name:	Phone:	Position Title:	Salary:	Reason for leaving:
End Date:	Employer Address:				

Applicant Prerequisites

COPIES OF ALL REQUIRED MINIMUM TRAINING MUST BE ATTACHED TO THE APPLICATION PACKET.

Paramedic	Certifying Agency:	Certification Number:	Attach a copy to the application packet
ACLS	Certifying Agency:	NA	Attach a copy to the application packet
PALS	Certifying Agency:	NA	Attach a copy to the application packet
CPR/AED	Certifying Agency:	NA	Attach a copy to the application packet
Haz-Mat Awareness	Certifying Agency:	N/A	Attach a copy to the application packet
<u>Supporting letter from supervising Medical Director documenting performance evaluations for the past five years.</u>			Attach a copy to the application packet

COPIES OF PREFERRED TRAINING MUST BE ATTACHED TO THE APPLICATION PACKET IF APPLICABLE

Firefighter I/II	Certifying Agency:	Certification Number:	Attach a copy to the application packet
Fire Officer I/II/III	Certifying Agency:	Certification Number:	Attach a copy to the application packet
Fire Instructor I	Certifying Agency:	Certification Number:	Attach a copy to the application packet
Health and Safety Officer	Certifying Agency:	Certification Number:	Attach a copy to the application packet
Haz-Mat Operations	Certifying Agency:	Certification Number:	Attach a copy to the application packet
ICS	Certifying Agency:	NA	Attach a copy to the application packet

Personal References

Please list three people who are not related to you who have knowledge of your work, character, and abilities.

Personal Reference No. 1

Name/Relationship

Phone Number

Address/City/State/Zip

Personal Reference No. 2

Name/Relationship

Phone Number

Address/City/State/Zip

Personal Reference No. 3

Name/Relationship

Phone Number

Address/City/State/Zip

I have read all material in this application packet, and I certify that all statements made in this application packet and any other materials or documents furnished as part of this application packet are true, complete, and accurate to the best of my knowledge and belief. I further understand that any false statements or omitted information shall be considered sufficient cause for employment disqualification or dismissal.

I further hereby release the Township of Manheim, agencies and departments thereof including the Fire Rescue Department, any person or entity acting on their behalf, and all other persons or entities releasing information from any damages or liability as a result of releasing any information to any member of Manheim Township Fire Rescue or any person or entity acting on their behalf.

Applicant Signature

Date

Authorization and Release to Obtain Information

I, _____, authorize Manheim Township to conduct a personal background investigation in connection with my application for employment.

This investigation may include information from educational institutions, physicians and/or medical records, police and/or court records, Department of Transportation motor vehicle and driver license records, listed personal references, and previous employers. Additionally, this information may include background and criminal history checks and child abuse clearance checks.

I authorize the release of any information Manheim Township may request from the above sources. I waive all rights to inspect or review any information compiled pursuant to my application for employment.

I fully understand that all information gained from such investigations is confidential and will be released only to authorized persons in the employment process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions, or falsifications in any of the applications and/or documents furnished for the position and/or to any answers contained here within. I am aware that should an investigation disclose any willful misrepresentations, omissions, or falsifications, my application may be rejected or if already employed, my employment terminated.

Applicant Signature

Date