

FOR OFFICE USE ONLY

Print Name: _____

Date Received: _____

Phone #: _____

E-Mail: _____

Application #: _____

HOCKESSIN FIRE COMPANY



APPLICATION

CAREER EMPLOYMENT

1225 OLD LANCASTER PIKE
HOCKESSIN, DELAWARE 19707
(302) 239-7159

Instructions

The Hockessin Fire Company is currently accepting applications for Part-time firefighter/EMTs and EMTs. Applicants must meet the following requirements:

- 20 years of age or older at the time of application
- High School Diploma or GED
- Delaware State Emergency Medical Technician
- Possess a valid, unexpired Driver's License
- Good moral character

Applications may be submitted in person or via U.S. Mail. Please do not fax your application as the notary driver's license, certificates, and other attachments do not show adequately via fax.

Hockessin Fire Company
Career Services
1225 Old Lancaster Pike
Hockessin, DE 19707

- Applications must be typed or printed clearly in black or blue ink
- **ALL** blanks in the application must be completed or marked appropriately as not applicable (N/A)
- **ALL** pages must be initialed
- Applications which are incomplete in **ANY** way will be disqualified from consideration

Document Checklist

The following documents MUST be attached for your application to be considered complete. Failure to attach any of the following documents will result in your application being disqualified from consideration.

- Copy of unexpired Driver's License
- Copy of Diploma(s) or Transcripts for **ALL** education listed
- Copy of National and State EMT certifications
- Copy of fire and rescue certifications or transcripts
- Copy of Certified Motor Vehicles Record from applicable State Department of Motor Vehicles
- Copy of DD Form 214, if applicable
- Physical Agility Test Release Form Notarized (page 13)
- Physician Authorization Form (page 15) - *Completed by your medical provider*
- All blanks in the application completed or marked N/A
- All pages initialed



HOCKESSIN FIRE COMPANY

HOCKESSIN , DELAWARE



Date Submitted: _____

Applications must be typed or clearly printed in ink. **All questions must be answered.** If the question does not apply to you, indicate such by marking “N/A” in the appropriate area. To furnish additional information, use a blank paper the same size as this application. Applicants must understand that all appointments are probationary for a period of twelve (12) months, during which they will not be permitted to work outside employment and must demonstrate their fitness for continued employment by the Fire Department. They must also understand that it has been necessary to establish regular day and night shifts, in view of which they must be available for such assignments.

Any employment is contingent upon the results of a complete character and fitness investigation, and they must be aware that **willfully withholding information or making false statements on this application will be the basis for dismissal** from the company. All applicants must agree to these conditions and certify that all statements are true to the best of their knowledge.

The signature of the applicant on this form indicates such agreement. Any doubts the applicant has concerning the meaning or applicability of the questions and statements forming this application are to be directed to the Human Resources Administrator prior to submitting the completed form.

After carefully reading the above instructions place your initials in the space provided.

INITIALS: _____

SIGNATURE OF APPLICANT

PERSONAL

Name: _____
(First) (MI) (Last)

List all other names (maiden, nickname, etc., or if name was legally changed)

Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers: _____
(Cell) (Home) (Work)

E-Mail Address: _____

Date of Birth: ____/____/____ Present Age: _____
(Mo) (Day) (Yr)

Place of Birth: _____ Social Security #: ____ - ____ - ____

Are you a U.S. Citizen? Yes No Naturalized? Yes No

Naturalization #: _____ Place: _____ Court: _____

EDUCATION: Please provide copies to verify education and schools completed.

Please check the last year of school you completed.

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

SCHOOL	LOCATION	FROM/TO	MAJOR COURSE	DEGREE/ DIPLOMA (GED)
_____	_____	_____	_____	_____

FIREFIGHTER CERTIFICATION (i.e., Firefighter I, Firefighter II, and National Registry of Emergency Medical Technician Basic Certifications):

EMS CERTIFICATIONS (i.e., State, National, Level)

Has your certification ever been suspended or revoked? Yes No

If you answered Yes, please explain: _____

WAIVER: I hereby give the Hockessin Fire Company permission to check my records, including teachers, with the above-listed schools.

INITIALS: _____

RESIDENCES

Please list **all** of your past residences in chronological order:

ADDRESS

LENGTH OF TIME

_____	_____	_____	From _____	To _____
(Street)	(City)	(State)		
_____	_____	_____	From _____	To _____
(Street)	(City)	(State)		
_____	_____	_____	From _____	To _____
(Street)	(City)	(State)		
_____	_____	_____	From _____	To _____
(Street)	(City)	(State)		
_____	_____	_____	From _____	To _____
(Street)	(City)	(State)		
_____	_____	_____	From _____	To _____
(Street)	(City)	(State)		

Will any of your former landlords or neighbors say anything negative about you? Yes No

If you answered *yes*, please explain: _____

EMPLOYMENT

Please list **all** jobs you have had including temporary, part-time, and full-time (attach additional sheets if necessary). **If you are presently employed, list present employer first.**

Name of Company: _____

Address: _____

Date Employed: From _____ To _____ Name of Supervisor: _____

Supervisor's Phone #: _____

Position or Title: _____ Last Salary: _____

Description of Duties: _____

Reason for Leaving: _____

WAIVER: I hereby give the Hockessin Fire Company permission to check all my residences and interview whomever they wish.

INITIALS: _____

USE BACK OF THIS PAGE IF NECESSARY

EMPLOYMENT (continued)

Name of Company: _____

Address: _____

Date Employed: From _____ To _____ Name of Supervisor: _____

Supervisor's Phone #: _____

Position or Title: _____ Last Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Name of Company: _____

Address: _____

Date Employed: From _____ To _____ Name of Supervisor: _____

Supervisor's Phone #: _____

Position or Title: _____ Last Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Name of Company: _____

Address: _____

Date Employed: From _____ To _____ Name of Supervisor: _____

Supervisor's Phone #: _____

Position or Title: _____ Last Salary: _____

Description of Duties: _____

Reason for Leaving: _____

WAIVER: I hereby give the Hockessin Fire Company permission to check all my records from past employers.

INITIALS: _____

USE BACK OF THIS PAGE IF NECESSARY

REFERRALS

Who referred you? _____

His/Her occupation: _____ Relationship: _____

How well acquainted are you with the person listed above? _____

REFERENCES

List four (4) professional and/or character references. **These are not to be relatives.**

Name: _____ Years known: _____

Address: _____ Phone: _____

Occupation: _____ Business Address: _____

Name: _____ Years known: _____

Address: _____ Phone: _____

Occupation: _____ Business Address: _____

Name: _____ Years known: _____

Address: _____ Phone: _____

Occupation: _____ Business Address: _____

Name: _____ Years known: _____

Address: _____ Phone: _____

Occupation: _____ Business Address: _____

List three (3) relatives ***not*** living with you:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

WAIVER: I hereby give the Hockessin Fire Company permission to contact and interview whomever they wish.

INITIALS: _____

COURT RECORD

Have you ever been convicted of, pled guilty to, no contest to, or forfeited bail for any crime or violation of Federal, State, or Local Law (do not include Traffic Violations)? Yes No

If you answered *yes*, please explain:

Date: _____ Location: _____ Police Agency: _____

Felony or Misdemeanor Charge: _____

Violation: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Felony or Misdemeanor Charge: _____

Violation: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Felony or Misdemeanor Charge: _____

Violation: _____ Disposition: _____

Have you ever been convicted of possession, use, or distribution of *any* illegal drugs? Or, misuse and/or abuse of a prescription drug?

Yes No If you answered *yes*, please explain:

Do you have any charges pending against you at this time?

Yes No If you answered *yes*, please explain:

Have you been or are you now on probation or a deferred sentence?

Yes No If you answered *yes*, please explain:

Have you been or are you now a party in a civil action?

Yes No If you answered *yes*, please explain:

WAIVER: I hereby give the Hockessin Fire Company access to any court records they deem necessary.

INITIALS: _____

MOTOR VEHICLE RECORD: Please provide a photocopy of driver's license and certified motor vehicle report.

Are you a licensed automobile operator? Yes No

State: _____ Driver's License #: _____ Expiration Date: _____

Make, model, and year of your vehicle: _____

Tag: _____ State: _____ Expiration Date: _____

How many accidents have you had since you have been driving? _____

Have you ever been convicted, pled guilty, or no contest for Driving Under the Influence, Reckless Driving, Careless Driving, Leaving the Scene of an Accident, Failure to Report an Accident, Disregarding the Command of a Police Officer? Have you ever forfeited bail for any of these offenses? Yes No

If you answered *yes*, please explain:

Date: _____ Location: _____ Police Agency: _____

Charge/Violation: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Charge/Violation: _____ Disposition: _____

List **all** motor vehicle violations in the past three (3) years, except parking. Final Dispositions include – found guilty, not guilty, pled guilty, voluntary assessment, no contest, or other.

Date: _____ Location: _____ Police Agency: _____

Charge/Violation: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Charge/Violation: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Charge/Violation: _____ Disposition: _____

Explain any charges that are pending: _____

Add any moving violations after submittal, notify Human Resources Department immediately.

WAIVER: I hereby give the Hockessin Fire Company permission to conduct a motor vehicle record check.

INITIALS: _____

MILITARY SERVICE

Are you registered for Selective Services? Yes No

Selective Service #: _____ Local Board: _____

City/State: _____ Current Classification: _____

If classified as Registrant Qualified for military service only in time of war, or national emergency, or 4-F Registrant not qualified for any military service, furnish reasons.

Have you received any notice indicating you may be called into the Armed Forces in the near future? Yes No

If yes, give approximate date of departure: _____

Have you ever been in the United States Armed Forces? Yes No

If you answered *no*, please go to the next page. If yes, please complete the page and provide a copy of DD Form 214, if not on active duty.

Did you acquire any skills which would help you in the position for which you are applying? Yes No

If yes, please explain: _____

Branch of Service: _____ Highest Rank Attained: _____

Serial Number: _____ Dates of Service: From: _____ To: _____

Type of Discharge: _____ Basis of Discharge: _____

National Guard: Present: _____ Former: _____ None: _____

If you attend drills, meetings, or camps, give name of unit and location.

WAIVER: I hereby give the Hockessin Fire Company permission to check on my military record.

INITIALS: _____

MISCELLANEOUS

Have you ever applied before to the Hockessin Fire Company? Yes No

If *yes*, give date(s) and reason for rejection? _____

Have you ever worked for the Hockessin Fire Company? Yes No

If *yes*, give dates, position, reason for leaving. _____

Have you ever been a member of any other fire agency? Yes No

If *yes*, give dates and agency. _____

Do you have an application in at any other agency/company? Yes No

If *yes*, explain and give preference. _____

Why have you selected the Hockessin Fire Company? _____

Do you intend to make this work your career? Yes No

If offered, would you attend advanced level fire courses? Yes No

Have you ever been dismissed from school for scholastic or disciplinary reasons? Yes No

If *yes*, explain. _____

List awards, honors, citations, positions held in school, or any other recognition received.

List special abilities, interests, sports, hobbies, and proficiency in each.

List any foreign languages spoken or written and include your proficiency.

INITIALS: _____



HOCKESSIN FIRE COMPANY
 HOCKESSIN, DELAWARE



PHYSICAL AGILITY TEST RELEASE FORM

THIS FORM MUST BE SIGNED AND NOTARIZED PRIOR TO REGISTRATION FOR THE WILMINGTON, DEPARTMENT OF FIRE PHYSICAL ABILITY EXAMINATION.

I, _____,
 hereby release the Hockessin Fire Company, Department of FIRE and its agents and employees from any liability for any injury I may suffer in the process of assessing my physical fitness for the purpose of obtaining employment with Wilmington Department of Fire. I understand that the job for which I have applied is physically demanding; I understand that this fitness examination is physically demanding. My participation in the physical fitness assessment is for my benefit in furtherance of my application for employment with the Hockessin Fire Company. I understand that if I leave the examination prior to completion I will fail the examination. I understand that I am not an employee of the Hockessin Fire Company within the meaning of the Delaware Workers' Compensation Act at the time I take the physical fitness examination. I further understand that taking this physical fitness examination will not ensure my employment with the Wilmington Department of Fire. I understand that I risk injuring myself or aggravating pre-existing conditions in the process of undergoing this physical fitness assessment. Understanding the risks involved, I waive any claim I may have against the Wilmington Department of Fire and its agents and employees for any injury or aggravation of a pre-existing condition that I may suffer as a result of my participation in the physical fitness assessment in furtherance of my application for employment with the Hockessin Fire Company, Department of Fire.

SIGNED: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2022,
 by _____ WITNESS my hand and official seal.



Hockessin Fire Company Physical Agility Test

The Physical Agility Test consists of six evolutions that must be completed within a time that will be determined prior to testing. The test is continuous and will be conducted in the order and fashion described below. The stations are designed to test the physical strength, endurance, and disposition of applicants. All evaluations will be conducted wearing a 50lb weighted vest, gloves and head protection.

Stair Climb – The stair climb is intended to test the candidate's stamina and aerobic ability. Firefighters must be able to ascend/descend stairs in a timely manner and be capable of performing necessary tasks when they arrive at their destination. Candidates will be required to ascend/descend four floors while wearing a 50lb weighted vest. Candidates will then walk to where the remaining five evolutions are staged.

Mannequin Drag – Firefighters must be able to remove an unconscious or injured victim from a hazardous environment. This could also include an injured firefighter. The Mannequin Drag is used to test the candidate's strength, coordination and aerobic ability. Candidates will drag a mannequin 100 feet.

High Rise Pack – A high-rise pack is used to carry firefighting hose and fittings to a floor or location that is remote from the fire apparatus. The hose carried in the high-rise pack is connected to hose connections in the building allowing firefighters to apply water to locations that are impractical or impossible to reach using fire hose alone. Candidate will carry a high-rise pack through the obstacle course around a traffic cone, back through the obstacles and return to the starting point.

Hose Platform – The candidate's upper body strength is tested by placing rolled sections of fire hose onto a platform, then returning the hose to the starting point. This evolution simulates the weight and bulk of fire hose and other equipment that firefighters handle daily. Candidates will pick up four (4) sections of rolled fire hose, one section at a time, and place them on a shelf four (4) feet high. The candidate will then return each section to the floor of the designated location.

Sand Bag Carry – The sand bag carry is intended to test the candidate's stamina and aerobic ability. Firefighters must be able to ascend/descend stairs in timely manner carrying equipment and be capable of performing necessary tasks when they arrive at their destination

Sledge Hammer – The sledgehammer evolution tests the candidate's stamina and coordination. Firefighters use many tools that require them to swing to strike an object. An axe or striking tool is used for forcible entry or to ventilate smoke from buildings. The candidate utilizing a 9lb sledgehammer will repeatedly strike a steel I-beam moving it completely down sled tray



HOCKESSIN FIRE COMPANY
HOCKESSIN, DELAWARE



PHYSICIAN AUTHORIZATION FORM

Applicant Name: _____ SS No. -----

Date Examined by Physician: _____

Purpose of Evaluation: **Applicant for Hockessin Fire Company**

I have reviewed medical information and conducted a physical examination of the aforementioned applicant and I am rendering the following professional opinion.

I have determined that the above applicant is in proper physical condition to engage in ALL of the physical exercises of the Hockessin Fire Company Fitness/Agility Assessments. (Additional comments to be attached to this form.)

Physician's Signature

Physician's Full Name (PRINT)

Physician's Medical Degree

Physician's Specialty

State of License

Physician's Full Address

City/State/Zip Code

Telephone Number, including Area Code

Date of Completion of this Form



HOCKESSIN FIRE COMPANY



AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

The Hockessin Fire Company requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resumé. Please read this statement carefully.

In consideration for employment and internships, all applicants must consent to and authorize a pre-employment verification of background information. Consideration for employment is contingent upon the results of this reference and background investigation, which may include verifications of education and/or employment history; credit history; motor vehicle records; a review of local, county, state, and federal government agencies and public court records; personal references; and/or other information as deemed necessary to fulfill the job requirements.

This Authorization and Consent for Release of Information gives my permission to the Hockessin Fire Company and its designated agent(s), to the full extent permitted by law, to conduct a reference and background investigation. The Company will utilize the results of this process to determine eligibility for employment. All information will be proprietary and kept as confidential as practicable. The information obtained by the Company will not be provided to any parties other than the Company.

I, the undersigned, do hereby certify that the information provided by me in my application for employment, resumé, or in verbal discussion relating to my consideration for employment is true and complete to the best of my knowledge, and understand that omissions and misstatements may be cause for rejection of this application, removal of my name from or discharge from Company employment. I hereby authorize the Hockessin Fire Company to: (1) investigate the truthfulness of all my statements made on my application or resumé or verbal statements made by me in the interview process; (2) conduct any verification of my education, employment, personal and motor vehicle records, and to receive any criminal conviction history record information relating to me which may be on file with any local, state, or federal criminal justice agencies; and (3) disclose verbally or in writing the results of any investigation with authorized employees or agents of the Company involved in the hiring process. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

Further, I authorize the procurement of any other information which relates to my background, character, and personal reputation which may be deemed relevant to my employment in accordance with state and federal laws.

I have read and understand this Authorization and Consent for Release of Information form. The original or copy of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, law enforcement or criminal records agencies, and other agencies to release information about me to the Company and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.

I further agree to indemnify, discharge, and forever hold harmless the Hockessin Fire Company, its associates/employees, its designated agent, its directors, officers, or employees, to the full extent permitted by law, from any and all damages, claims, losses, liabilities, costs, and expenses (including but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against the Hockessin Fire Company, related directly or indirectly to the disclosure of any such information or so such investigation. I understand that my employment is conditioned upon a suitable background investigation.

I understand that if I am permitted to begin my employment before the results of a medical examination, reference check, consumer report, or investigative report are complete, my continued employment is contingent upon those results, as well as my ability to perform the duties of my position with or without reasonable accommodation.

Authorized by Candidate:

Print Name (Last, First, Middle) Maiden/Alias Name (if applicable)

Current Address (City, County, State, Zip) How long?

(Please provide all requested information and provide addresses for the last seven years)

Previous Address (City, County, State, Zip) How long?

Previous Address (City, County, State, Zip) How long?

Previous Address (City, County, State, Zip) How long?

Previous Address (City, County, State, Zip) How long?

 / / / / () ()
Date of Birth Social Security # Home Phone (include area code) Work Phone (include area code)

Driver's License # State / Expiration Date Signature Date

My present employer may be contacted: Yes No

TERMS AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing)

Ownership of Work Product. I understand that except as is otherwise specified all copyrights, patents, trade secrets, or other intellectual property rights associated with any works of authorship, ideas, concepts, techniques, or inventions developed or created during the course of performing services (collectively, the "Work Product") shall belong exclusively to the Hockessin Fire Company and shall, to the extent possible, be considered a work made for hire for the Hockessin Fire Company within the meaning of Title 17 of the United States Code. All copyrights or other intellectual property rights pertaining thereto are automatically assigned without any requirement of further consideration to the Hockessin Fire Company.

I acknowledge and understand that medical certification is required for employment. I understand that if I am selected for employment, I must pass a medical examination given by a physician designated by the Company. I understand that I will be required to sign a consent form for the drug screening urinalysis as part of the examination. I also understand that failure to pass either the medical certification or the drug screening urinalysis will result in my not being hired, or subsequently terminated.

I understand that if I am hired by the Hockessin Fire Company, the Company shall require verification of my identity and eligibility for employment in the United States.

I understand that I must successfully complete a probationary period before acquiring regular status.

I certify that if I am a male, born after January 1, 1960, and if required to register, I have registered for Selective Service. I understand that I may be required to document registration.

APPLICANT'S SIGNATURE: _____ DATE: _____

HOCKESSIN FIRE COMPANY AFFIRMATIVE ACTION PROGRAM

It is the policy of the Hockessin Fire Company to assure equal and fair treatment in all aspects of employment for minorities, women, veterans and disabled veterans, people with physical or mental disabilities, and persons above the age of forty. All applicants, therefore, are requested to voluntarily provide the following information that is needed to document and assess the effectiveness of the Hockessin Fire Company's Affirmative Action Program. This information will be detached and kept separately from your application and will not be used as a basis for employment decisions.

POSITION APPLIED FOR: _____ ANNOUNCEMENT # _____

HOW DID YOU FIND OUT ABOUT THIS POSITION? (Check one)

- TV/Channel Newspaper Walk-In Friend
- Agency _____ Other _____
- Employee (Name) _____

DATE OF BIRTH: _____

Please check the appropriate area:

SEX: MALE FEMALE

RACE/ETHNICITY: WHITE BLACK HISPANIC AMERICAN INDIAN
 ALASKAN NATIVE ASIAN PACIFIC ISLANDER