

2023 Civil Service Application
Norristown Fire Department

**CIVIL SERVICE APPLICATION FOR EMPLOYMENT FOR THE
POSITION OF ENTRY LEVEL FIREFIGHTER
MUNICIPALITY OF NORRISTOWN**

Applicant Instructions

Complete this application in full and return it to the Municipality of Norristown Administration Office, 235 East Airy Street, Norristown, Pa. 19401, **no later than April 3, 2023 by 3:00 p.m.** No applications will be accepted after this date and time. All applicants must have reached their twenty-first (21st) birthday before the deadline for submitting completed applications.

Print (do not type) an answer to every question. If a particular question does not apply to you, so state with N/A. If the space provided is insufficient for an answer, so indicate in the space provided and continue the answer on the reverse side, labeling with the number of the referenced question.

DO NOT MISSTATE OR OMIT MATERIAL FACT(S) SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT. FALSE, INCOMPLETE OR MISLEADING INFORMATION WILL BE GROUNDS FOR ELIMINATION FROM THE SELECTION PROCESS, OR TERMINATION IF DISCOVERED AFTER HIRE.

The application consists of ten (10) sections, all of which must be filled out and signed, as follows:

1. Questionnaire, with Verification of Truthfulness;
2. Physical Agility Test Personal Injury Waiver;
3. Applicant Notification Procedure;
4. Waiver and Release for Background Investigations;
5. Description of Essential Job Functions and Acknowledgment of Ability to Perform;
6. Consent to Obtain Consumer Report, with Summary of Rights Under Fair Credit Reporting Act and Privacy Policy of the Municipality of Norristown;
7. Consent to Obtain Investigative Consumer Report;
8. Information Release Authorization;
9. Acknowledgement of Duty to Notify of Contact with Law Enforcement; and
10. Pre-Polygraph Background Investigation Questionnaire and Verification of Truthfulness.

Please note that three sections must be signed in the presence of a notary. They are Verification of Truthfulness attached at page 18, the Physical Agility Test Waiver attached at page 19, and the Pre-Polygraph Background Investigation Questionnaire and Verification of Truthfulness attached at page 46. These are the only three signatures that must be witnessed by a notary. Other sections must also be signed by the Applicant, but do not require notarizations. Incomplete or unsigned applications will not be accepted.

The following MUST be attached to your returned application:

1. A copy of a government-issued Birth Certificate;
2. A copy of a valid Driver's License;
3. A copy of a High School Diploma or G.E.D.;
4. A copy of transcript(s) from any higher education completed;
5. For Veterans: a copy of service honorable discharge (DD214 Form);
6. A check, for the application processing fee in the amount of \$35.00, made payable to the "Municipality of Norristown." Or, for applications submitted by hand, cash or credit card is acceptable.

PROOF OF THE FOLLOWING ALSO MUST BE ATTACHED TO THE RETURNED APPLICATION:

1. Applicant must have the following certifications:
 - a. Pennsylvania State Certified Level II Firefighter or equivalent and have an issued certification number in accordance with the National Fire Protection Association (NFPA) 1001 consensus standards.
 - b. National Fire Protection Association (NFPA) 1002 consensus standards Driver Operator – Pumper Certification, **OR** both Emergency Vehicle Operator Training (EVOC) and pump operations course.

The Municipality of Norristown is an equal opportunity employer. As such, the Municipality of Norristown actively seeks to employ and promote the best qualified employees and applicants for employment without regard to race, color, sex, national origin, religion, age, gender, veteran status, marital status, sexual preference, or political affiliation, or handicap or disability which does not interfere with the performance of essential job functions after reasonable accommodation, if any.

The position of Firefighter in Norristown is a Civil Service position, which is governed by the Rules and Regulations promulgated by Norristown Civil Service Commission. The Rules and Regulations are available upon request at the Norristown Administration Office at the address above on regular business days and during regular business hours.

The **READING LIST/STUDY MATERIALS** for this written examination consists of the following:

Firefighter 1: "Essentials of Fire Fighting," IFSTA, Seventh Edition.

Firefighter 2: "Essentials of Fire Fighting," IFSTA, Seventh Edition.

Hazmat Operations: "Hazardous Materials Awareness and Operations," Jones and Bartlett, Second Edition.

Driver Operator Pumper: "Pumping and Aerial Apparatus Driver/Operator Handbook," IFSTA, Third Edition.

**IN ADDITION TO WRITTEN AND ORAL TESTING,
SUCCESSFUL APPLICANTS WILL BE TESTED ON THE FOLLOWING PHYSICAL SKILLS
NECESSARY TO THE JOB OF ENTRY LEVEL FIREFIGHTER:**

Required Equipment/Clothing: Applicant must wear long sleeve shirt and pants, helmet, and gloves, and a completely filled self-contained breathing apparatus ("SCBA"), excluding the face piece, for all events, with the exception of the Aerial Ladder Climb. SCBA will be supplied to Applicants at the test site.

Testing Expectations: Prior to the start of the test, each applicant will be given an overview of the events, an explanation of the passing requirements for each event and the time parameters for successful completion of the test. This period of time will be given to answer questions or provide demonstration, if requested, to the Applicants. The evaluator of each skills station shall read and explain the requirements for the station in question.

Timing: Applicants will have two (2) minutes and thirty (30) seconds to complete the aerial climb. After a 2-minute rest period, Applicants will then be given ten (10) minutes to complete the remaining events. Timing for Events 2-8 will begin at the start of Event 2, and end once Event 8 is completed. Each candidate is permitted to have a maximum two-minute rest period after each event, with the next event commencing immediately upon expiration of the rest period. Examiners shall use two separate timing devices for each event and scoring sheets shall indicate the times for both devices used by the examiners.

Task 1: Aerial Ladder Climb This task simulates the action necessary to climb an aerial ladder. Applicant will stand at the rear of the apparatus with a ladder belt on. When the examiner tells the Applicant to go, the Applicant will climb to the aerial turntable and then ascend the ladder seventy-five (75) feet at a sixty (60) degree angle. Once the Applicant reaches the top, Applicant will return to the ground. Time begins once the applicant touches the aerial ladder and time ends when both feet return to the turn table upon coming down the ladder.

Task 2: Forcible Entry Simulation: This task simulates the biomechanically correct actions necessary for structural firefighting tasks. Utilizing a Keiser FORCE Machine sled, the Applicant straddles the I-beam by standing on the foot walks, and strikes the I-beam using the specifically designed 9-pound dead-blow sledgehammer, moving the sled the designated distance. To reduce the potential for injury, the Applicant should exercise caution when swinging the hammer between the legs and when walking backward on this piece of equipment. Throwing or dropping the hammer will result in failure of the test.

Task 3: Stair Climb: This task simulates the actions necessary to carry a hose pack to the upper floors of a building equipped with standpipe connections. The hose pack will consist of 100 feet of 1¼ inch hose and will be located at the bottom of the stair tower. The Applicant will reach down, pick up the hose pack and carry it to the designated distance, not to exceed five (5) stories, and place the hose pack on the ground. The Applicant will then return down the stair tower.

Task 4: Equipment Hoist: This task simulates the action necessary in hoisting equipment to upper floors. Applicant will stand in front of a designated upper floor window from which a rope is hanging. The rope is attached to a fifty (50) foot rolled piece of 3-inch hose. Applicant will pull the rope using a hand over hand method until the hose appears in the window. Applicant will then hoist the hose over the windowsill and place it on the floor.

Task 5: Ladder Raise: This task simulates the action necessary to raise a 24-foot extension ladder. Applicant will pick up an aluminum 24-foot extension ladder from its resting position, carry the ladder to the wall and place the bottom of the ladder against the wall. Applicant will then safely raise the ladder to a vertical position and then position the ladder for climbing. Once the Applicant has checked the climbing angle of the ladder, they will safely lower the ladder and carry it to the starting position.

Task 6: Hose Drag: This task simulates the actions necessary to advance a charged 1¾ -inch hose line. The Applicant will then reach down, pick up the charged hose line at the starting point and advance it 50-feet. When the Applicant reach the 50-foot mark, they will then pull an additional 50-feet of hose using a hand over hand method.

Task 7: Dummy Drag: This task simulates the actions necessary to drag a victim to safety. Applicant will drag the dummy 20-feet to a cone. Applicant will drag the dummy around the cone and continue the 20-feet to the starting position.

Task 8: Search Simulation: This task simulates the actions necessary to complete a search in a smoke-filled structure. Following a section of 1.75-inch hose. Applicant will navigate through a tunnel approximately 30-feet long to the designated end point.



**APPLICATION FOR EMPLOYMENT
MUNICIPALITY OF NORRISTOWN FIRE DEPARTMENT
EMPLOYMENT QUESTIONNAIRE**

1. Name: _____
(Last) (First) (Middle)

2. Alias(es), Nickname(s), Maiden Name, or other name changes:

3. Present Address: _____
(Number) (Street) (Unit or Apartment Number)

(City) (State) (ZIP Code) (Telephone Number)

4. Permanent Address: _____
 (If different from current address)

5. Social Security Number: _____

6. Date of Birth: _____

7. Contact information:
 Home Telephone: _____ Mobile Telephone: _____

E-mail address: _____

8. U.S. Citizen: Native (Yes/No) Naturalization Number: _____ Date: _____
 Place _____ Court _____

9. Residences: List all residences for past 10 years, beginning with most recent. If additional space is needed, attach a separate piece of paper marked with the question number.

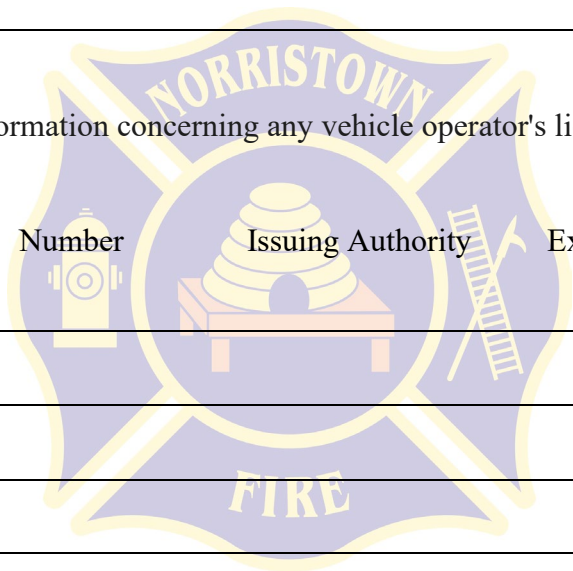
<u>From</u>	<u>To</u>	<u>Address</u>	<u>With whom did you live?</u>
			<u>Where are they now?</u>
			<u>What was your relationship to them?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Family: List all family members in order, indicating their relationship to you, as follows: parents, guardian(s), foster parents, stepparents, grandparents, brothers, sisters, stepsiblings, and children. Also list any other family members with whom you have resided or with whom a close relationship exists or existed.

Relationship	Name	Address, if living

11. Provide the following information concerning any vehicle operator's license you have held or now hold;

Type of License	Number	Issuing Authority	Expiration



12. Has your vehicle operator's or driver's license ever been suspended or revoked in Pennsylvania or anywhere else? (Yes/No)

13. If your answer to the preceding question is yes, as to each suspension or revocation, set forth the following: type of license suspended or revoked, jurisdiction in which it was revoked, license number, date of suspension or revocation, reason for suspension or revocation, and date of reinstatement.

14. Have you ever been convicted of a misdemeanor, felony, or greater criminal violation, or been convicted of a crime that would be considered a misdemeanor, felony, or greater criminal violation if the violation had occurred in the Commonwealth of Pennsylvania? (Yes/No) If yes, set forth the violation, court of jurisdiction, date of conviction, and penalty imposed.

15. Have you ever been granted admission into Accelerated Rehabilitative Disposition (“ARD”) or any other diversionary program available to first-time offenders? (Yes/No) If yes, state violation, court of jurisdiction, date entered program, and whether you successfully completed the program.

16. Have you engaged in any criminal behavior in the last ten years, regardless if arrested or detected, that would be graded as a misdemeanor if the behavior had been detected or you had been arrested? (Yes/No) If yes, set forth in full the behavior and the date(s) involved.

17. Have you ever engaged in criminal behavior, regardless if arrested or detected, that would be graded as a felony if it had been detected or you had been arrested? (Yes/No) If yes, set forth in full the behavior and the date(s) involved.

18. Have you ever volunteered or been employed in a Fire Department? (Yes/No)
 If yes, while working as a volunteer or so employed, did you engage in any criminal activity, regardless of whether such behavior was detected? (Yes/No)
 If yes, set forth the nature of the criminal activity, the dates involved, and the nature of your employment or voluntary status.

19. Do you have any income from any source other than your principal occupation? (Yes/No) If yes, describe the nature of the income, the amount, and how often it is paid or received.

20. Provide the name, address, and type of any account you have or have had for the past seven (7) years, such as savings, checking, loan, stocks, bonds, etc.

Name and Address of Financial Institution	Type of Account
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21. Are you a member of any social, fraternal, or professional organization? Yes/No
 If the answer is yes, please list following information regarding each organization.

Name	Address	Zip	Type	Office Held	Membership Dates
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22. A. Are you now or have you ever been a member of any organization, association, movement, group or combination of person which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means? (Yes/No)

B. Are you or have you ever been affiliated with, or have your associated with, any organization of the type described above, as an agent, official, or employee? (Yes/No)

Are you now associating with, or have you associated with, any individual, including relatives, whom you know or have reason to believe are or have been members of any of the organizations described in the first paragraph of this question? (Yes/No)

C. Have you ever engaged in any of the following activities of any organization of the type described in the first paragraph of this question: distribution(s) to, attendance at or participating in any organizational, social, or other activities of said organization or of any projects sponsored by them; the sale, gift or distribution of any written, printed or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities? (Yes/No)

D. If your answer is yes to any of the answers above, attach separate paper identified with the question number and letter and describe the circumstances. If associated with any of these organizations, specify the nature and extent of your association with each, including office or position held, and dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

a. List all elementary, junior high and high schools attended.

ATTACH TRANSCRIPT FROM LAST HIGH SCHOOL ATTENDED

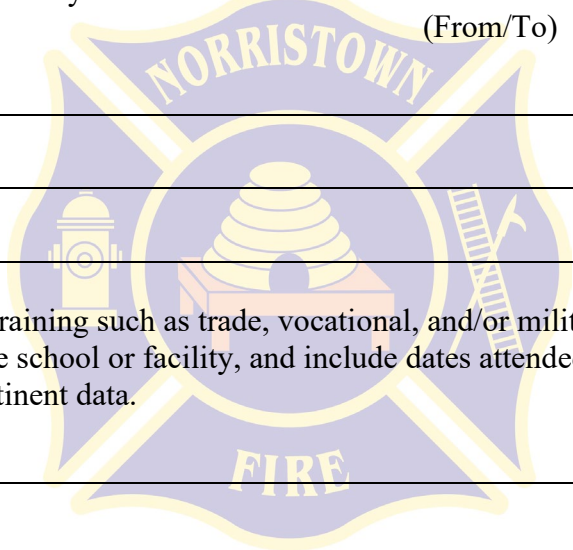
Name	Address	City	State	ZIP	Dates Attended (From/To)	Degree Year
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- b. List all colleges or universities attended.
ATTACH TRANSCRIPT FROM LAST INSTITUTION.

Name	City	State	ZIP	Dates Attended (From/To)	Credit Hours Semester/Quarter	Degree Rec'd Year

Major and Minor Courses:

Name	Address	City	State	ZIP	Dates Attended (From/To)	Degree Year



- c. List other schools or training such as trade, vocational, and/or military. For each, set forth the name and mailing address of the school or facility, and include dates attended, subjects studied, certificate earned, and any other pertinent data.

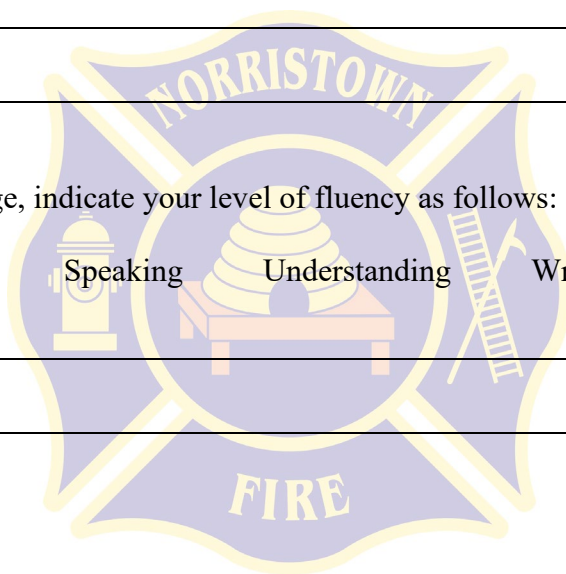
23. Indicate any type of special license held, such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires.

24. Identify any special skills you possess and any machines or equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, or scientific or professional devices.)

25. Identify any special qualifications not yet covered in this application: (For example, important publications, patents, inventions, public speaking engagements, membership in professional or scientific societies, fellowships or any other honors received.)

26. As to any foreign language, indicate your level of fluency as follows:

Language Reading Speaking Understanding Writing



27. Foreign Travel: Set forth below all trips to other countries, excluding trips of less than 30 days to Canada or Mexico, and excluding travel as a direct result of U.S. military duties.

Dates of Travel Country Purpose of Travel

28. List any hobbies and/or sports in which you participate

Name	Length of Participation	Level of Proficiency

29. Employment: Beginning with your most recent job, list your work history for the past ten years, including part-time, temporary, or seasonal employment, as well as all periods of unemployment:

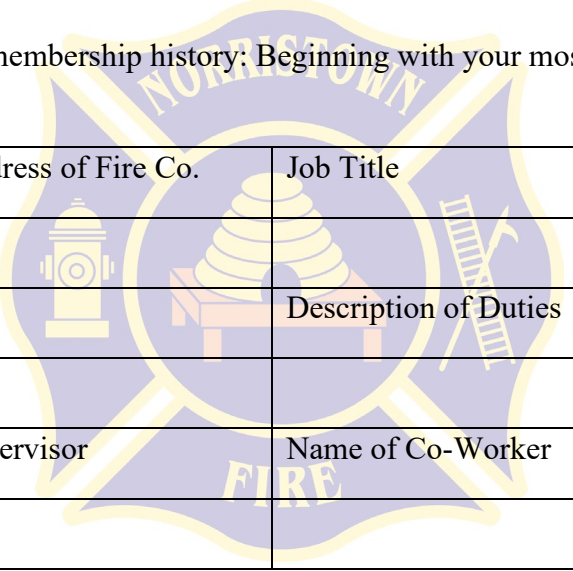
From Date	Name & Address of Employer	Job Title	Reason for leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

From Date	Name & Address of Employer	Job Title	Reason for leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

From Date	Name & Address of Employer	Job Title	Reason for leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

If additional employer blocks are needed, please attach requested information on separate sheet(s).

30. Fire Company volunteer membership history: Beginning with your most recent position, list all volunteer membership(s):



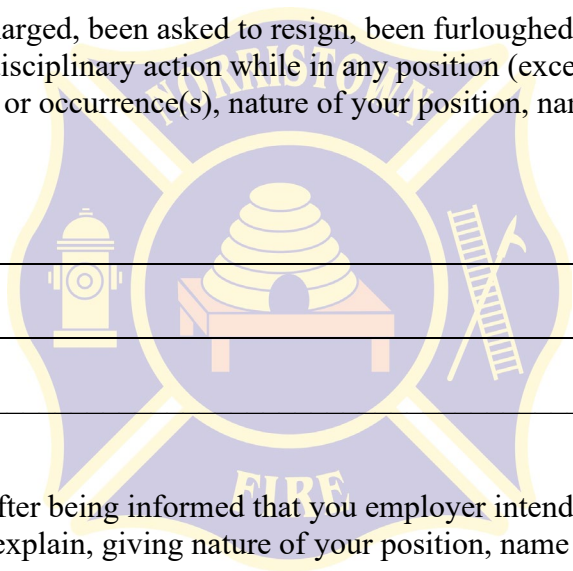
From Date	Name & Address of Fire Co.	Job Title	Reason for leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

From Date	Name & Address of Fire Co.	Job Title	Reason for leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

From Date	Name & Address of Fire Co.	Job Title	Reason for leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

If additional blocks are needed, please attach requested information on separate sheet(s).

31. Have you ever been discharged, been asked to resign, been furloughed, or put on inactive status for cause or been subject to disciplinary action while in any position (except military)? (Yes/No) If yes, state action taken, date(s) or occurrence(s), nature of your position, name and address of employer, and reason(s) in each case:



32. Have you ever resigned after being informed that you employer intended to discharge you for any reason? (Yes/No) If yes, explain, giving nature of your position, name and address of employer, date, and reason(s) in each case:

33. Military Status:

Yes

No

Have you ever served in the U.S. Armed Forces?
(If yes, attach copy of discharge or separation papers.)

Were you honorably discharged from the military?

If dishonorably discharged, set forth circumstances
in detail on separate sheet of paper and reference this
question.

Do you claim veteran's preference?

- a. While in the military service, were you ever convicted
of any crime graded as a misdemeanor, felony or greater
offense, or which would have been so graded had the
crime taken place in Pennsylvania?

If yes, provide date, place, law enforcing authority
or type of court or court martial, charge and action
taken for each incident. Use a separate sheet to
record this information.

- b. Are you presently a member of a U.S. Reserve or?
State Guard organization?

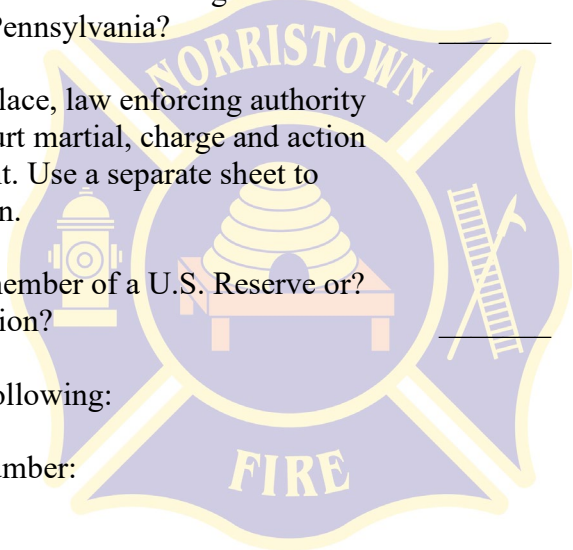
If yes, complete the following:

Grade and Service Number:

Service and Component:

Organization and Station or Unit and Address:

Status:



Indicate reserve obligation, if any:

34. Selective Service:

Last Classification:

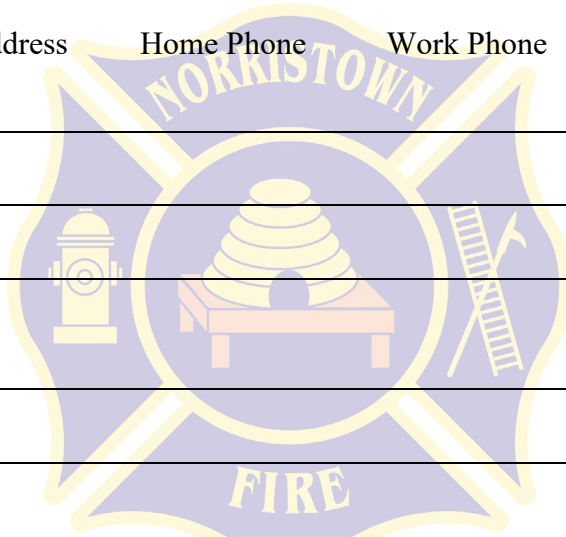
Selective Service No.: _____ Date:

Local Board:

35. Character References: List five (5) character references who have definite knowledge of your qualifications for this position. Do not list relatives, former employers, or persons living outside the United States.

Name	Address	Home Phone	Work Phone	Years Known
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



36. Have you ever applied for a position with this or any other police or fire department? (Yes /No) If yes, provide date(s), nature of position applied for, and outcome:

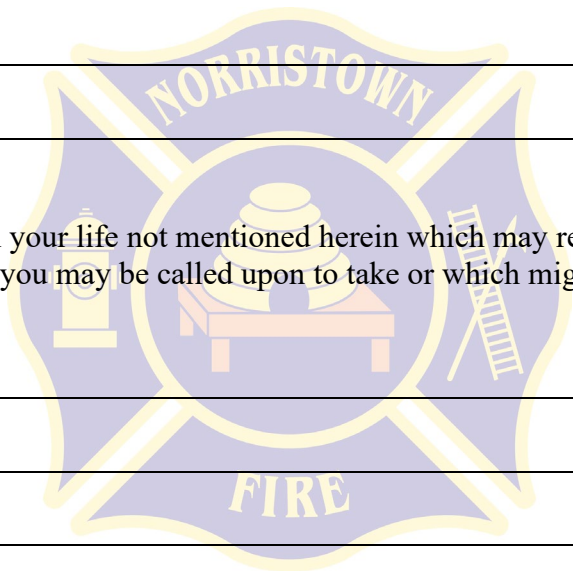
37. Have you previously taken an examination, either written, oral or skills testing, for a position in the police or fire department in this or in any municipality?

Yes _____ No _____

If yes, provide date(s), name of municipality, and results of examination(s):

38. Have you ever applied for a position with any other governmental agencies? (Yes/No) If yes, provide date(s), nature of position applied for, and outcome:

39. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? If yes, give details.



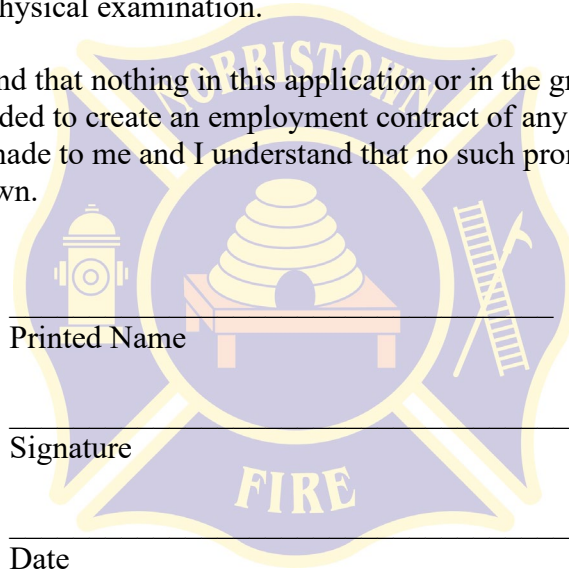
VERIFICATION OF TRUTHFULNESS
PLEASE READ CAREFULLY BEFORE SIGNING

I, _____, the undersigned, hereby swear that the statements made in the foregoing Application are true and accurate to the best of my information, knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

I understand that all the information contained in this application is subject to verification by the Municipality of Norristown. This investigation may include contacting prior employers, checking my driving record and conducting a criminal record check. I understand that misrepresentation or omission of any facts on this application will cause it to be rejected, or if not discovered until after hire, will subject me to termination.

I understand that as a condition of employment I will be required to successfully pass a drug and alcohol screening test. If an offer of employment is made to me, it may be contingent upon my taking and passing a complete physical examination.

I further understand that nothing in this application or in the granting or conduction of an interview or tests is intended to create an employment contract of any kind. No promises regarding employment have been made to me and I understand that no such promise would be binding upon the Municipality of Norristown.



Printed Name

Signature

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 2023.

NOTARY PUBLIC

**NORRISTOWN CIVIL SERVICE COMMISSION
MONTGOMERY COUNTY, PENNSYLVANIA
Physical Agility Test
Personal Injury Waiver**

The Undersigned, hereby acknowledges that he or she has voluntarily submitted their candidacy for a position with the Norristown Fire Department, in accordance with the testing and evaluation requirements established, from time to time, by the Norristown Civil Service Commission (the "Commission").

The undersigned, further acknowledges that an assessment of his/her physical agility is part of the overall evaluation of their candidacy for the subject employment position, and that they voluntarily submit to participating in those physical activities associated thereto, as required by the Commission and/or its representatives, and in particular without exclusion, the Norristown FIRE Department.

In consideration of the foregoing, the Undersigned does hereby warrant, represent and agrees to remise, release and forever discharge the Commission, Municipality of Norristown, and its agencies and departments, including without limitation the FIRE Department, and the foregoing's respective employees, agents, representatives, heirs, executors, administrators, successors, assigns and insurers, and their respective agents, servants, and employees, from any and all causes of action, claims and demands of whatsoever kinds on account of all known and unknown losses and damages, including without limitation, physical injuries, arising from the Undersigned's engaging in physical activities in furtherance of his/her physical agility evaluation for the purposes stated herein.

It is expressly understood and agreed that this release and settlement is intended to cover and does cover not only all now known losses and damages, but any further losses and/or damages, including without limitation, physical injury(ies) which arise from, or are related to, the physical agility evaluation as described herein.

This Personal Injury Waiver Agreement shall be binding upon and inure to the successors, assigns, heirs, executors, administrators, and legal representatives of the undersigned and the Commission. The Commission hereby agrees to undertake a physical agility evaluation of the Undersigned in furtherance of the Undersigned's candidacy for an appointment to the Norristown Fire Department, in consideration of the Undersigned's agreement to the terms herein.

IN WITNESS WHEREOF, the Undersigned has signed below on this ____ day of _____, 2023 intending to be legally bound thereby.

Applicant: _____ (SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY _____, 2023.

NOTARY PUBLIC

APPLICANT NOTIFICATION PROCEDURE

As part of the processing procedure, it may become necessary to contact the applicant being given further consideration for the position of firefighter with the Municipality of Norristown.

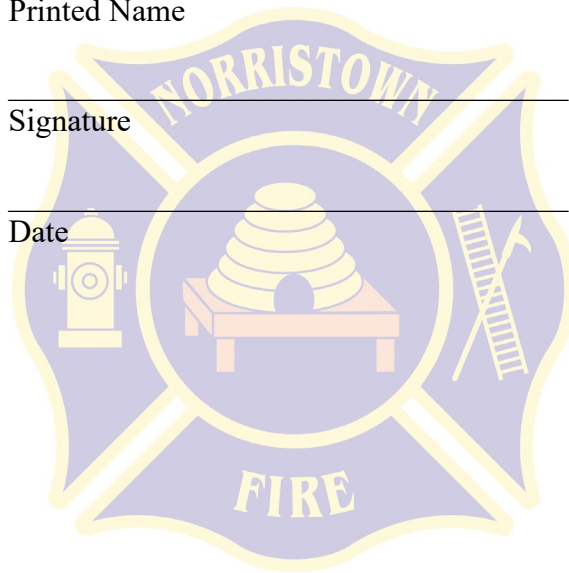
If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the Municipality of Norristown Fire Department, in writing, of any address change. By signing below the applicant acknowledges that he/she has read and understands this document.

Printed Name

Signature

Date



**WAIVER AND RELEASE
FOR BACKGROUND INVESTIGATION**

I, _____ am presently applying for employment as a firefighter with the Municipality of Norristown acknowledge and understand that the Municipality of Norristown must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a firefighter. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the Municipality of Norristown.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of the Municipality of Norristown. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of the Municipality of Norristown, whether said records are of public, private or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for the Municipality of Norristown to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting the Municipality of Norristown to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Municipality of Norristown in determining my suitability for employment as a firefighter. It is my specific intent to provide the Municipality of Norristown with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from

any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the Municipality of Norristown, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give the Municipality of Norristown the right to thoroughly investigate my background, previous employment, education, and references in order to ascertain my suitability for service as a Norristown Municipality employee. I release and hold harmless the Municipality of Norristown, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by the Municipality of Norristown in conjunction with employment procedures.

I understand that if a former employer refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the Municipality of Norristown may disqualify me from further consideration for employment as a firefighter.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Printed Name

Signature

Date

Descriptions of Essential Duties of a Firefighter
Acknowledgement of Ability to Perform

The following is a summary and is not intended to be an exhaustive list of all the responsibilities, duties and skills required of firefighters. Employees are responsible for all other duties as assigned.

1. Responding to emergency situations, including fires, vehicle crashes, rescues, and medical emergencies.
2. Coping with and performing under chaotic and emergency situations.
3. Working while wearing personal protective equipment (“PPE”), including full structural firefighting PPE and other emergency services PPE.
4. Working in and withstanding prolonged exposure to extreme weather conditions.
5. Withstanding prolonged periods of standing, sitting, walking, crawling, and physical labor.
6. Wearing respirators, including self-contained breathing apparatus (“SCBA”), in order to safely perform firefighting operations where smoke, toxic gases, heat, or other hazardous conditions exist. Such duties may require the firefighter to wear the SCBA for 30-minutes to several hours at one time.
7. Coping with and working competently with heights. Includes ascending/descending ground ladders of 35 feet or greater; ascending/descending aerial ladders of 100 feet or greater at angles of 60 degrees or greater; moving onto and off ladders while at heights; working on various types of roofs and other elevations. Such work at heights likely to occur while wearing PPE, including SCBA.
8. Coping with and working competently in confined spaces and/or in limited or zero visibility. Includes working below grade. Such work likely to occur while wearing PPE, including SCBA.
9. Performing tasks requiring heavy lifting, sometimes in excess of 50 pounds. Lifting likely will require bending and twisting. Task may requires the lifting, carrying, and/or dragging of people who are trapped by fire or in other types of hazardous positions.
10. Driving and operating heavy fire apparatus weighing in excess of 30,000 pounds. Includes operating in all weather conditions and nighttime. Operation of fire apparatus includes use of fire pumps, aerial devices.
11. Operating a variety tools and equipment, including hand tools; forcible entry tools; gasoline powered tools; generators; and electrical powered tools.
12. Communicating effectively, including using radios, during times of high stress and noise.
13. Guiding and communicating with victims who may be distressed, suffering from trauma, incoherent, English language limited, disabled, or who may be children.
14. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by fires or other events.
15. Maintaining focus on task while integrating information from multiple, simultaneous sources such as radio communications, civilians, and emergency service personnel.
16. Recalling, processing, and applying detailed and complex emergency response protocols and instructions.
17. Skillfully performing repetitive tasks.
18. Organizing and prioritizing time, decisions, and resources.
19. Working well with either direct supervision or limited supervision.
20. Adapting quickly and efficiently to changing priorities, tasks, emergencies, and environmental circumstances.

- 21. Responding to and executing orders from supervisors and commanders.
- 22. Completing reports in clear and concise manner. Reports may be written or computer based.
- 23. Communicating with the public in various settings. Includes conducting fire prevention presentations, fire inspections, and day-to-day encounters.
- 24. Working and performing duties for extended shifts, sometimes greater than 24-hours periods.
- 25. Performing routine station cleaning duties and apparatus maintenance.
- 26. Self-assessing and reporting any diminishing physical and/or psychological capacities affecting job performance.
- 27. Working and cooperating with a close-knit team.

I have reviewed the above list of essential job functions for a Municipality of Norristown Firefighter and state that:

_____ I can fully perform all duties

_____ I can fully perform all duties with reasonable accommodations.
 I require accommodations for the following condition(s):

_____ I cannot fully perform all duties even with accommodations

Signature _____

Printed Name _____

Date _____



NOTICE TO APPLICANT
OF REQUEST FOR CONSUMER REPORT

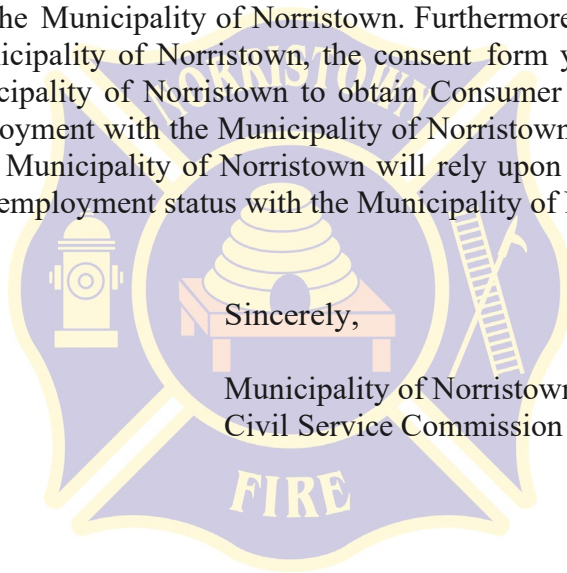
Dear APPLICANT:

Thank you for your recent application for employment with the Municipality of Norristown. The purpose of this letter is to advise you that, for employment purposes, once we have received your written consent we may obtain what is known as a "Consumer Report" about you from one or more consumer reporting agencies.

Under federal law, a "Consumer Report" means a report which may include information concerning your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. The Municipality of Norristown may rely upon information in your Consumer Report as one factor upon which the Municipality of Norristown relies when making future decisions regarding your employment with the Municipality of Norristown. Furthermore, should you become an employee of the Municipality of Norristown, the consent form you sign at this time shall authorize the Municipality of Norristown to obtain Consumer Reports at any time during your term of employment with the Municipality of Norristown. These reports may be one of the factors the Municipality of Norristown will rely upon when making future decisions regarding your employment status with the Municipality of Norristown.

Sincerely,

Municipality of Norristown
Civil Service Commission



**NOTICE TO APPLICANT OF REQUEST
FOR INVESTIGATIVE CONSUMER REPORTS**

Dear APPLICANT:

Thank you for your recent application for employment with the Municipality of Norristown. The purpose of this letter is to advise you that for employment purposes, once we have received your written consent, we may obtain what is known as an "Investigative Consumer Report" about you from one or more consumer reporting agencies. We may do this at any time prior to your employment as part of the application process or at any time during your employment with the Municipality of Norristown.

An "Investigative Consumer Report" commonly includes information regarding your character, general reputation, personal characteristics, and .and mode of living, which may be obtained through personal interviews of your neighbors, friends, associates or other acquaintances.

Under the Federal Fair Credit Reporting Act ("FCRA"), you have a right to ask for a complete and accurate disclosure of the nature and scope of the Investigative Consumer Report we may request. Your request for this additional disclosure must be: (1) in writing and made within a reasonable period of time after you received this notice; and (2) sent to Municipal Administrator, Municipality of Norristown, 1700 Markley Street, Suite 104, Norristown, PA 19401.

We will send you the additional disclosure within five (5) days from the date we receive your written request or five (5) days of the date we first requested the Investigative Consumer Report on you, whichever is later.

Finally, we have attached to this Notice a written "Summary of Your Rights Under the Fair Credit Reporting Act."

Sincerely,

Municipality of Norristown
Civil Service Commission

**A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs — to which it has provided the data — of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.S.")	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign	Federal Reserve Board Division of Consumer & Community Affairs Washington,
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in	Office of Thrift Supervision Consumer Programs Washington,
Federal credit unions (words "Federal Credit Union" appear in institution's name	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs
Air, surface, or rail common carrier regulated by former Civil Aeronautics Board or Interstate Commerce	Department of Transportation Office of Financial Management
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC

PRIVACY POLICY OF THE MUNICIPALITY OF NORRISTOWN

Employers are now required by the Gramm-Leach-Bliley Act to inform their applicants of their policies regarding privacy of applicant information. The purpose of this notice is to explain our Privacy Policy with regard to personal information about you that we obtain and how we keep that information secure.

NONPUBLIC PERSONAL INFORMATION WE COLLECT

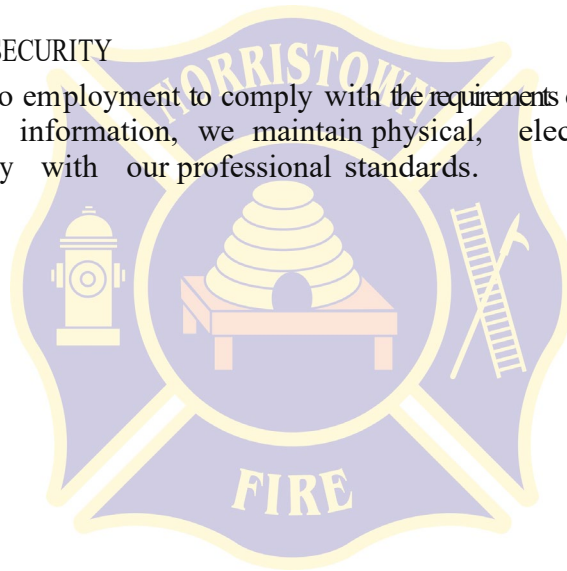
We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization or consent.

WE DO NOT DISCLOSE ANY PERSONAL INFORMATION ABOUT OUR APPLICANTS OR FORMER APPLICANTS TO ANYONE, EXCEPT AS PERMITTED BY LAW AND ANY APPLICABLE STATE ETHICS RULES.

We do not disclose any non-public personal information about applicants except as expressly or impliedly authorized by those applicants to enable us to effectuate employment decisions

CONFIDENTIALITY AND SECURITY

We retain records relating to employment to comply with the requirements of law. In order to guard your non-public personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

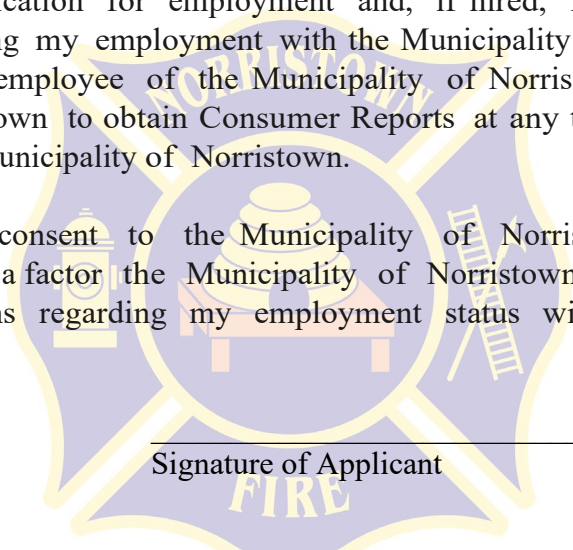


CONSENT TO OBTAIN CONSUMER REPORT

I, the undersigned, an applicant for employment with the Municipality of Norristown, hereby acknowledge that I have received a separate Notice informing me that the Municipality of Norristown may obtain one or more Consumer Reports about me for employment purposes, in connection with my application for employment and/or subsequent periods of employment should I be hired by the Municipality of Norristown. I further acknowledge that I have carefully read and fully understand the contents of that Notice, and that I understand that an analysis of any such report by the Municipality of Norristown may affect its decision whether or not to offer employment to me.

I hereby authorize the Municipality of Norristown and give it my consent to order a Consumer Report about me from one or more consumer reporting agencies. I further authorize and consent to the Municipality of Norristown's use of the Consumer Report in evaluating my application for employment and, if hired, in connection with any future decisions regarding my employment with the Municipality of Norristown. Finally, should I become an employee of the Municipality of Norristown, I authorize the Municipality of Norristown to obtain Consumer Reports at any time during my term of employment with the Municipality of Norristown.

I authorize and consent to the Municipality of Norristown's use of these Consumer Reports as a factor the Municipality of Norristown may rely upon when making future decisions regarding my employment status with the Municipality of Norristown.



Signature of Applicant

Date

Printed Name of Applicant

Street Address

City, State and ZIP Code

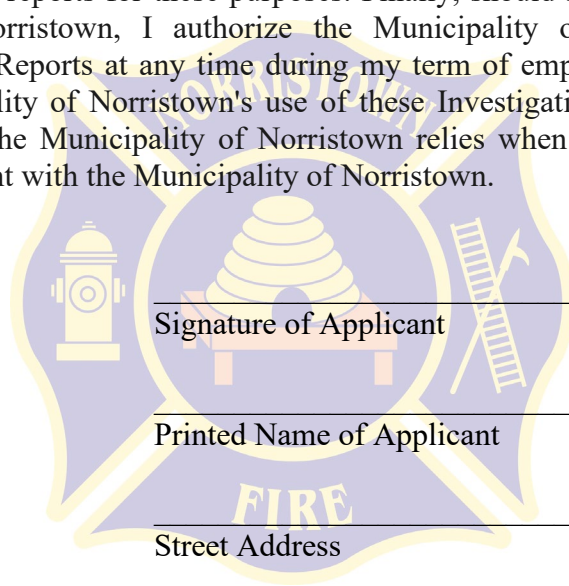
Social Security Number

Home Phone Number

CONSENT TO OBTAIN INVESTIGATIVE CONSUMER REPORT

I, the undersigned, an applicant for employment with the Municipality of Norristown, hereby acknowledge that I have received a separate Notice informing me that the Municipality of Norristown may obtain an Investigative Consumer Report ("the Report") about me for employment purposes, which sets forth a description of: (1) what is commonly included in the Report; (2) my right to request additional disclosures concerning the Report; and (3) a summary of my rights under the Federal Fair Credit Reporting Act.

I further acknowledge that I have read and fully understand the contents of the Notice provided to me, and I authorize the Municipality of Norristown and give it my consent to order an Investigative Consumer Report about me from one or more consumer reporting agencies. I understand that the Municipality of Norristown's analysis of any such report may affect its decision whether or not to offer employment to me and, if hired, the Municipality of Norristown's future decisions concerning my employment. I consent to the Municipality of Norristown's use of such reports for these purposes. Finally, should I become an employee of the Municipality of Norristown, I authorize the Municipality of Norristown to obtain Investigative Consumer Reports at any time during my term of employment. I authorize and consent to the Municipality of Norristown's use of these Investigative Consumer Reports as one factor upon which the Municipality of Norristown relies when making future decisions regarding my employment with the Municipality of Norristown.



Signature of Applicant

Date

Printed Name of Applicant

Street Address

City, State and ZIP Code

Social Security Number

Home Phone Number

INFORMATION RELEASE AUTHORIZATION

I, _____, do hereby authorize any representative of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of the Municipality of Norristown. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of the Municipality of Norristown whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for the Municipality of Norristown to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting the Municipality of Norristown to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Municipality of Norristown in determining my suitability for employment.

The authorization constitutes a specific waiver of any claim that I may have that the material being requested is privileged or sensitive material under the Freedom of Information Act, the Right to Know Law or any other statutory or common law privilege. I further release the above identified employer from any claims of any nature what so ever for release of information identified.

This release is valid for one year unless rescinded by me in writing.

Printed Name

Date

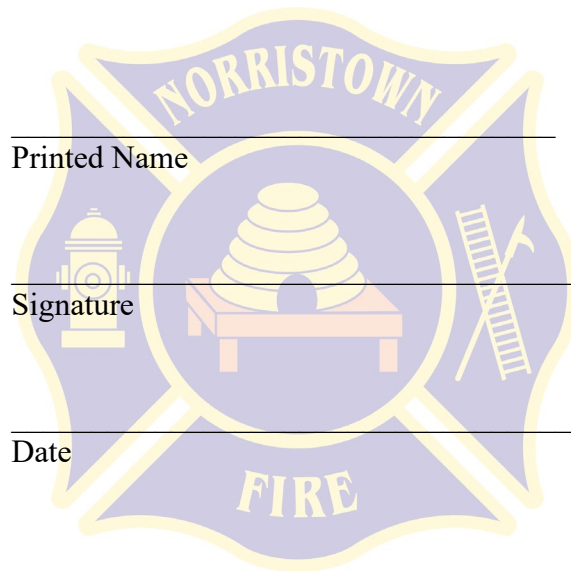
Signature

Date of Birth

Social Security Number

**ACKNOWLEDGEMENT OF DUTY
TO NOTIFY NORRISTOWN OF
CONTACT WITH LAW ENFORCEMENT**

I, the undersigned, acknowledge and understand that if I have any contact whatsoever of an investigative or prosecutable nature with any Law Enforcement Officer or Agency after submitting this Application for Employment, I will so advise the Chief of the Fire Department of the Municipality of Norristown immediately in writing. I further understand that failure to so advise the Chief of the Fire Department will result in my immediate elimination from the selection process, or immediate termination, if discovered after hiring.



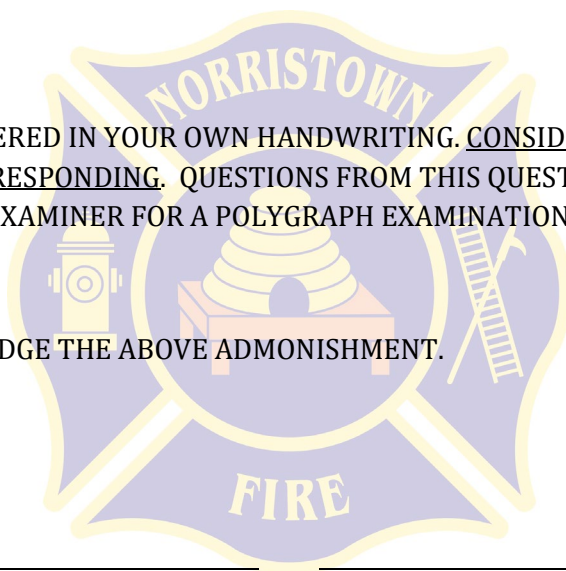
BACKGROUND INVESTIGATION

All applicants must complete this questionnaire. Be very factual and honest, as all responses will be verified. A "YES" response does not necessarily constitute a disqualification. A "YES" response to any question in this Questionnaire requires a written explanation on the provided Explanation Sheet, attached at page --. Attach as many additional sheets as needed to thoroughly explain your response.

The Norristown Fire Department deems HONESTY, INTEGRITY, and CREDIBILITY as three of the major personal characteristics to be verified in the background investigation. If ANY errors, omissions, falsehoods or attempts at deception are detected during any phase of the background investigation, the investigation will be terminated and such finding reported immediately to the hiring authority for evaluation of applicant rejection, regardless of whether that information, had it been furnished, would or would not have affected your acceptance for employment.

ALL QUESTIONS MUST BE ANSWERED IN YOUR OWN HANDWRITING. CONSIDER YOUR RESPONSE TO EACH QUESTION CAREFULLY BEFORE RESPONDING. QUESTIONS FROM THIS QUESTIONNAIRE MAY BE RANDOMLY SELECTED BY THE POLYGRAPH EXAMINER FOR A POLYGRAPH EXAMINATION.

I UNDERSTAND AND ACKNOWLEDGE THE ABOVE ADMONISHMENT.



Applicant's Signature

Date

DRUG USE QUESTIONNAIRE

Name: _____ Date: _____

Age: _____ Position you are applying for: _____

Have you ever, during your entire lifetime, used, tried, experimented, or in any way ingested into your body:

Item	No	Yes	Date First Used	Date Last Used	Number of Times Used	Frequency of Use
1. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				
2. Hashish/hash oil	<input type="checkbox"/>	<input type="checkbox"/>				
3. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>				
4. Illegal barbiturates or any other downer	<input type="checkbox"/>	<input type="checkbox"/>				
5. Illegal amphetamines (Crosstops, Whites, Bennies, Uppers)	<input type="checkbox"/>	<input type="checkbox"/>				
6. Methamphetamine (Speed, Crank)	<input type="checkbox"/>	<input type="checkbox"/>				
7. Crack	<input type="checkbox"/>	<input type="checkbox"/>				
8. LSD or other hallucinogen, including mushrooms	<input type="checkbox"/>	<input type="checkbox"/>				
9. PCP	<input type="checkbox"/>	<input type="checkbox"/>				
10. Anabolic Steroids (pill form)	<input type="checkbox"/>	<input type="checkbox"/>				

- _____ 11. Have you ingested ANY controlled substance or other illegal drug not listed above?
- _____ 12. Have you or anyone else ever injected an illegal drug into your body?
- _____ 13. Have you ever sold any illegal drug?
- _____ 14. Have you ever purchased any controlled substance or any illegal drug, or narcotic other than by a doctor's prescription?
- _____ 15. Have you ever participated in the manufacture, cultivation, or production of any illegal drug, narcotic or controlled substance?
- _____ 16. Have you ever acted as a courier by transporting any controlled substance or illegal drug, or narcotic for other than legitimate purpose?
- _____ 17. Have you ever acted as a middleman, go-between, or "done a favor for a friend" by becoming involved in an illegal drug transaction?

18. Have you ever told anyone else where to purchase drugs?

19. Have you ever "held" or temporarily stored any controlled substance or illegal drug, or narcotic for yourself or anyone else?

20. Are any illegal drugs presently in your home or car?

21. List all fire and law enforcement agencies where you have ever applied or tested, including volunteer membership. Attach an explanation sheet for any additional agencies and information.

a. Agency: _____ Date of application: _____

Check all completed aspects of application process:	
<input type="checkbox"/> Application only	<input type="checkbox"/> Psych exam
<input type="checkbox"/> Written exam	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Oral exam	<input type="checkbox"/> Background Investigation
<input type="checkbox"/> Physical agility	<input type="checkbox"/> Application withdrawn. Date withdrawn: _____
<input type="checkbox"/> Medical exam	<input type="checkbox"/> On active eligibility list. Date of list: _____

b. Agency: _____ Date of application: _____

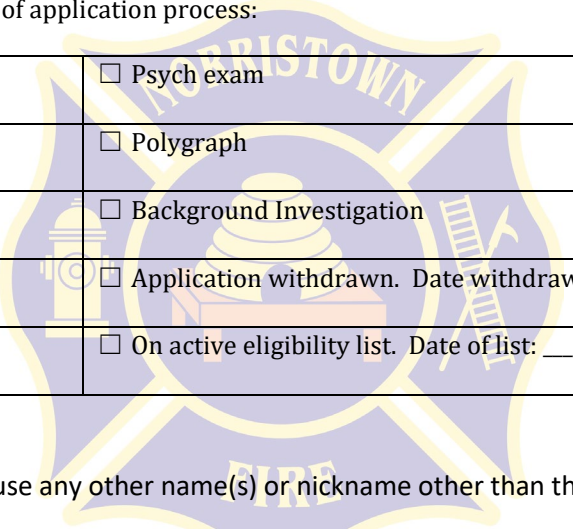
Check all completed aspects of application process:	
<input type="checkbox"/> Application only	<input type="checkbox"/> Psych exam
<input type="checkbox"/> Written exam	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Oral exam	<input type="checkbox"/> Background Investigation
<input type="checkbox"/> Physical agility	<input type="checkbox"/> Application withdrawn. Date withdrawn: _____
<input type="checkbox"/> Medical exam	<input type="checkbox"/> On active eligibility list. Date of list: _____

Agency: _____ Date of application: _____

Check all completed aspects of application process:	
<input type="checkbox"/> Application only	<input type="checkbox"/> Psych exam
<input type="checkbox"/> Written exam	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Oral exam	<input type="checkbox"/> Background Investigation
<input type="checkbox"/> Physical agility	<input type="checkbox"/> Application withdrawn. Date withdrawn: _____
<input type="checkbox"/> Medical exam	<input type="checkbox"/> On active eligibility list. Date of list: _____

c. Agency: _____ Date of application: _____

Check all completed aspects of application process:	
<input type="checkbox"/> Application only	<input type="checkbox"/> Psych exam
<input type="checkbox"/> Written exam	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Oral exam	<input type="checkbox"/> Background Investigation
<input type="checkbox"/> Physical agility	<input type="checkbox"/> Application withdrawn. Date withdrawn: _____
<input type="checkbox"/> Medical exam	<input type="checkbox"/> On active eligibility list. Date of list: _____



- _____ 22. Do you use any other name(s) or nickname other than the name listed on your application?
- _____ 23. Have you ever used any other name?
- _____ 24. Is there ANYTHING AT ALL in your background that you have not been asked about in the Oral Interview or in any forms you have completed in applying for this position that may eliminate you from consideration for this position if discovered?
- _____ 25. Have you entered ANY false information on any forms or documents in applying for this position?
- _____ 26. Have you ever applied at any fire or law enforcement agency for any position in ANY state not listed above as requested?
- _____ 27. Do you see any reason if hired you will not stay in your position for at least two years?
- _____ 28. Have you had any conflict with any member of your family due to applying for this position?

- _____ 29. Have you ever before been asked to take a polygraph examination?
- _____ 30. Have you ever failed to pass a polygraph examination?
- _____ 31. Have you EVER placed ANY false information on ANY employment application?
- _____ 32. Have you omitted any information on your Employment Application or Personal History Statement background forms?
- _____ 33. Have you ever completed a formal Fire Academy program?
- _____ 34. Have you ever failed, dropped out or been expelled from of a formal Fire Academy program?
- _____ 35. Do you have any reason to be concerned about an investigation into your past work record with any former employer?
- _____ 36. Were you ever fired from a job?
- _____ 37. Were you ever asked to resign from a job?
- _____ 38. Did you ever leave a job to avoid being fired?
- _____ 39. Have you ever left a job without giving proper notice?
- _____ 40. Have you ever been accused of misconduct at a place of employment?
- _____ 41. Have you ever failed to disclose the true and complete reasons for leaving each of your previous jobs?
- _____ 42. Did you ever leave any job with hard feelings toward the management or co-workers?
- _____ 43. Are you aware of any former employer who would not rehire you?
- _____ 44. Have you ever been counseled for being late for work?
- _____ 45. Have you ever worked at any Fire Department agency in any capacity?
- _____ 46. Have you ever been rejected by any Fire Department agency for any reason?
- _____ 47. Were you ever rejected as unacceptable by the military?
- _____ 48. Were you ever rejected for any occupation for any reason?
- _____ 49. Have you ever served in any branch of the Armed Forces? (If not, skip to question 56)

- _____ 50. Would you have any reason to be concerned about an investigation into your military record?
- _____ 51. While in the service were you ever placed under military arrest?
- _____ 52. While in the service were you ever court-martialed?
- _____ 53. While in the service did you receive any type of disciplinary action?
- _____ 54. While in the service were you ever reduced in grade or rank?
- _____ 55. While in the service were you ever AWOL?
- _____ 56. Would you have any reason to be concerned about an investigation into your arrest record?
- _____ 57. As a juvenile or adult, have you ever been arrested?
- _____ 58. Have you ever been held, detained, questioned, or taken into custody by the police for any reason?
- _____ 59. Have you ever had a warrant issued for your arrest?
- _____ 60. Are you now wanted for any reason by any law enforcement agency?
- _____ 61. Have you ever been a suspect in any criminal investigation?
- _____ 62. Have you ever been charged with a crime?
- _____ 63. Have you ever been present when anyone else committed a criminal act?
- _____ 64. Other than minor traffic matters, have you ever been fined by a court?
- _____ 65. Have you spent any time, either as a juvenile or adult, locked up in a jail?
- _____ 66. Have you ever falsified an income tax return?
- _____ 67. Have you ever falsified an insurance claim?
- _____ 68. Have you ever collected unemployment or welfare benefits (including food stamps) to which you were not entitled?
- _____ 69. Have you ever shoplifted anything, at any time?
- _____ 70. Have you ever stolen a motor vehicle or taken a vehicle for a "joyride"?
- _____ 71. Have you ever been charged with any offense involving a motor vehicle?

- _____ 72. Have you ever deliberately damaged or destroyed any property or committed any act of malicious mischief?
- _____ 73. Have you ever stolen anything, at any time?
- _____ 74. Have you ever committed any undetected crime?
- _____ 75. Have you ever made serious plans to commit:
A. Rape? B. Robbery? C. Burglary? D. Theft? E. Murder? F. Arson?
- _____ 76. Have you ever done anything at all that you could have been arrested for?
- _____ 77. Would you have any reason to be concerned about an investigation into your moral background?
- _____ 78. Have you ever committed any type of sexual crime?
- _____ 79. Since you were 18 years old, have you thought about committing some type of sexual crime?
- _____ 80. Have you ever paid for sex?
- _____ 81. Have you ever received any type of payment for sex?
- _____ 82. Have you ever sexually molested a child?
- _____ 83. Have you ever committed a sexual act in public?
- _____ 84. Would you have any reason to be concerned about an investigation into your use of drugs?
- _____ 85. Within the past year, have you smoked marijuana?
- _____ 86. Have you EVER used: A. Cocaine? B. LSD? C. LSD (acid)? D. PCP (angel dust)?
E. Mushrooms? F. Hashish? G. Crack? H. Speed? I. Uppers? J. Downers?
K. Anabolic Steroids (pill form)? L. Any other illegal drug?
- _____ 87. Have you EVER smoked marijuana?
- _____ 88. Have you ever worked under the influence of illegal drugs?
- _____ 89. Have you ever ingested a substance you thought was a legal drug and then found out it wasn't?
- _____ 90. Have you ever misused or abused any prescription drug?
- _____ 91. Does anyone in your family or present circle of friends or acquaintances use any type of narcotics, pills, or drugs to your knowledge?

- _____ 92. Within the past year have you been in the presence of anyone else using illegal drugs?

- _____ 93. Have you ever illegally purchased any type of narcotic, pill, or drug?

- _____ 94. Have you ever sold any type of narcotic, pill, or drug?

- _____ 95. Have you ever cultivated marijuana?

- _____ 96. Have you ever been involved in the manufacture of any drug?

- _____ 97. Have you ever been the “middleman” for a drug deal?

- _____ 98. Has anyone other than a medical person EVER injected anything into your body?

- _____ 99. Do you feel you now have a problem with drugs?

- _____ 100. Have you ever had a problem with drugs?

- _____ 101. Are you indifferent to or do you approve of others using narcotics or drugs?

- _____ 102. Have you ever felt your consumption of alcohol is or was a problem, either in your work
or your personal or family relationships?

- _____ 103. Has your consumption of alcohol ever interfered with your ability to perform your job
or with your personal and/or family relationships?

- _____ 104. Has anyone ever told you that you have a drinking problem?

- _____ 105. Have you ever been diagnosed with any type of alcohol abuse problem?

- _____ 106. Have you ever been treated for any kind of alcohol abuse?

- _____ 107. Have you ever been diagnosed with a mental illness?

- _____ 108. Have you ever been treated for a mental illness?

- _____ 109. Have you ever been prescribed medication, or have you ever taken any medication for a
mental illness?

- _____ 110. Have you ever been hospitalized for a mental illness?

- _____ 111. Have you ever felt you should be evaluated for mental illness?

- _____ 112. Would you have any reason to be concerned about an investigation into your honesty?

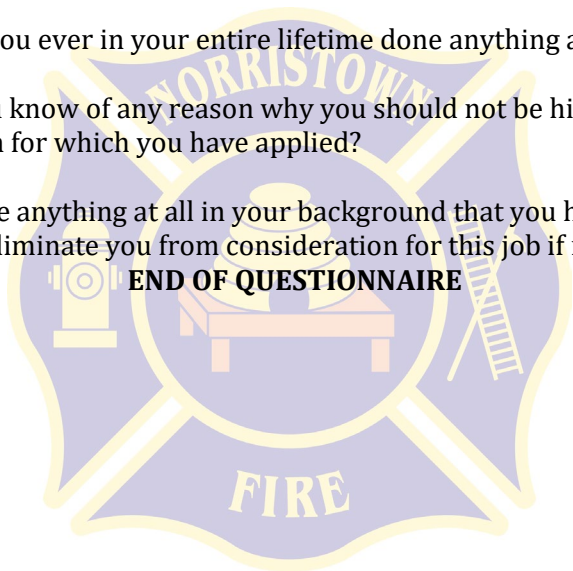
- _____ 113. Have you ever stolen any money from a place where you worked?

- _____ 114. Have you ever borrowed money from an employer and not paid it back?
- _____ 115. Have you ever embezzled any money from an employer?
- _____ 116. Have you ever stolen any merchandise or property from an employer?
- _____ 117. Have you ever taken any property that didn't belong to you from a place where you worked?
- _____ 118. Does your total indebtedness exceed your ability to pay?
- _____ 119. Have you ever had a debt turned over to a collection agency?
- _____ 120. Have you ever been late paying rent?
- _____ 121. Has your salary ever been attached for non-payment of debts?
- _____ 122. Have you ever had a purchased good repossessed?
- _____ 123. Have you ever filed for bankruptcy?
- _____ 124. Have you ever avoided paying any lawful debt by moving away?
- _____ 125. Have you ever been late in paying your taxes?
- _____ 126. Have you failed to support any child of yours?
- _____ 127. Have you ever been late in making child support payments?
- _____ 128. Have you ever been the plaintiff or defendant in any civil court action?
- _____ 129. Do you presently have any civil actions pending in court?
- _____ 130. Would you have any reason to be concerned about an investigation into your driving Habits?
- _____ 131. Do you have any traffic citations pending at this time?
- _____ 132. Have you ever had a ticket go to warrant?
- _____ 133. Have you ever had a traffic citation that did not show on your Pennsylvania DMV printout?
- _____ 134. Have you ever been the driver in any traffic accident?

- _____ 135. Has your driver's license ever been suspended or revoked?
- _____ 136. Has your auto insurance ever been placed in the assigned risk pool?
- _____ 137. Has your auto insurance ever been canceled for cause?
- _____ 138. Have you ever driven a motor vehicle while under the influence of:
A. Alcohol? B. Any type of illegal drug? C. Any legal prescription which had rendered you unfit for driving?
- _____ 139. Since being licensed to drive, has there ever been any time when you did not have Insurance as required by law?
- _____ 140. Have you ever caused anyone serious injury by your operation of a motor vehicle?
- _____ 141. Have you ever fled the scene of a hit and run accident?
- _____ 142. Have you ever been arrested for driving while under the influence of alcohol or illegal drugs?
- _____ 143. Would you have any reason to be concerned about an investigation into your loyalty to the United States?
- _____ 144. Is there some undisclosed reason why you want to be a fire fighter?
- _____ 145. Are you or any of your relatives, friends or associates connected to or sympathetic with terrorists or any organization harmful to our government, or advocates the violation of persons civil rights?
- _____ 146. Have you ever given any confidential information detrimental to our government to any organization or individual?
- _____ 147. Would you have any reason to be concerned about an investigation into your personality characteristics?
- _____ 148. In the past year, have you been in a fight?
- _____ 149. Since you were 18, have you ever struck or injured any person?
- _____ 150. Other than in warfare, have you ever caused serious injury to a human being?
- _____ 151. Other than in warfare, have you ever been involved in a violent incident such as a shooting, knifing, or fight where someone was or could have been seriously injured or killed?
- _____ 152. Other than in warfare, have you ever used any weapon against someone?

- _____ 153. Other than in warfare, have you ever caused the death of a human being?
- _____ 154. Do you lose your temper?
- _____ 155. Do you resent taking orders from a superior officer?
- _____ 156. Do you have any prejudices?
- _____ 157. Do you feel you have any prejudice which might affect your ability to perform this job?
- _____ 158. Have you ever maliciously burned any property?

- _____ 159. Have you ever turned in a false alarm?
- _____ 160. Have you ever made an anonymous obscene phone call?
- _____ 161. Have you ever in your entire lifetime done anything at all that you are ashamed of?
- _____ 162. Do you know of any reason why you should not be hired by this department for the position for which you have applied?
- _____ 163. Is there anything at all in your background that you have not been asked about that might eliminate you from consideration for this job if revealed?



VERIFICATION OF TRUTHFULNESS
PLEASE READ CAREFULLY BEFORE SIGNING

I, _____, the undersigned, hereby swear that the statements made in the foregoing Pre-Polygraph Background Investigation Questionnaire are true and accurate to the best of my information, knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

I understand that all the information contained in this application is subject to verification by the Municipality of Norristown. This investigation may include contacting prior employers, checking my driving record and conducting a criminal record check. I understand that misrepresentation or omission of any facts on this application will cause it to be rejected, or if not discovered until after hire, will subject me to termination.

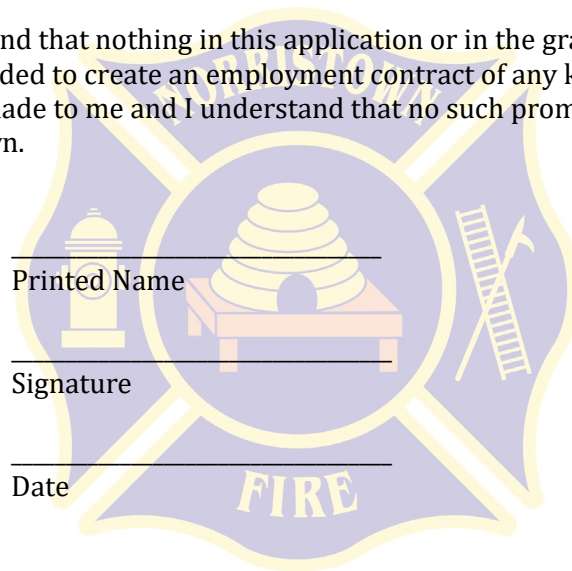
I understand that as a condition of employment I will be required to successfully pass a drug and alcohol screening test. If an offer of employment is made to me, it may be contingent upon my taking and passing a complete physical examination.

I further understand that nothing in this application or in the granting or conduction of an interview or tests is intended to create an employment contract of any kind. No promises regarding employment have been made to me and I understand that no such promise would be binding upon the Municipality of Norristown.

Printed Name

Signature

Date



SWORN TO AND SUBSCRIBED BEFORE ME THIS
___ DAY OF _____, 2023.

NOTARY PUBLIC

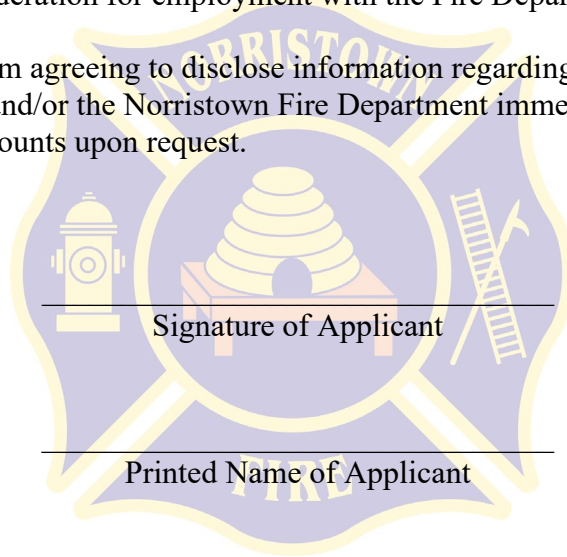
**Authorization to Investigate Social Media, Internet Activity
and Online History Information**

I, _____, hereby authorize the Municipality of Norristown to access and view my personal social media and social networking account(s). If my account(s) are set to “private,” I agree upon request to log into my account(s) in the presence of a Norristown Fire Department Official and allow him or her to review the contents of the account(s). I understand that access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social media and social networking account(s) is part of my background investigation. Any information that is deemed racist, sexist, homophobic, or otherwise offensive such that it would bring discredit upon my candidacy for the position of Entry-Level Firefighter may disqualify me from further consideration with the Fire Department.

I understand that refusal to allow the Municipality of Norristown to access and view my personal social media and social networking account(s), as well as any other relevant internet activity and/or online history will disqualify me from further consideration for employment with the Fire Department.

By signing this authorization, I am agreeing to disclose information regarding my online identities and provide the Municipality of Norristown and/or the Norristown Fire Department immediate access to my personal social media and social networking accounts upon request.



Signature of Applicant

Printed Name of Applicant

Date

Social Media, Internet Activity and Online History Supplemental Disclosure Form

Please provide complete and accurate information on this form. All responses will be subject to verification.

Full Legal Name (First, Middle, Last, Suffix): _____

Nickname(s)/ Alias(es): _____

Date of Birth: _____

Social Media Accounts

List any online identity used to participate in social media and social networking platforms. Please indicate if any accounts are managed with another person who shares the ability to post content to the account.

Platform	Username(s)/Handle(s)	Shared Account?
Facebook		Yes / No
Instagram		Yes / No
Twitter		Yes / No
YouTube		Yes / No
Tumblr		Yes / No
Reddit		Yes / No
LinkedIn		Yes / No
Snapchat		Yes / No
Pinterest		Yes / No
Other:		Yes / No

Other Internet Activity

List any websites or other internet activity that you have hosted, posted to, or participated in on a regular basis.

Name of website/activity	URL
	http://
	http://
	http://

Online History

List any additional virtual identities that have been a part of your online history for the past seven (7) years:

I certify that the above represents a complete disclosure of my social media, internet activity and online history information. All information provided on this disclosure form is true and correct to the best of my information, knowledge and belief.

Signature

Date