

CITY OF WASHINGTON FIRE FIGHTER

GENERAL REQUIREMENTS:

- High School Diploma/GED
- A United States Citizen
- Must have a current, valid PA Driver's License
- Must obtain/Maintain a CDL Class B within 1 (one) year of hire date

ADDITIONAL TESTING INFORMATION:

- Civil Service Examinations, including Physical Agility
- Preference points awarded to Military Veterans,Certified Firefighters,City Residents
- Background Investigation
- Medical/Drug Screening and Psychological Evaluation

SALARY AND BENEFITS:

- Base Salary \$56,986.55 (probation rate) Top Base \$74,112.25 (after 3 yrs)
- Life, Health, Dental, and Vision Insurance
- Paid Holidays and Vacations
- Uniform Allowance
- Longevity Pay

APPLICATIONS:

- Obtained online at www.washingtonpa.us or at the Office of the City Clerk, 55 West Maiden Street, Washington, PA 15301, 9:00 AM-4:30 PM. Mon-Fri.
- Applications must be returned to the Office of the City Clerk no later than 5:00 p.m. on January 30th, 2026
- Applicants are required to pay a non-refundable testing fee of \$60.00 (Check or Cash) with application (payable to the City of Washington)

The City of Washington is an equal opportunity employer

CITY OF WASHINGTON

FIRE FIGHTER APPLICATION PACKAGE

APPLICATION INCLUDES:

Questionnaire

APPENDIX B: Waiver and Release for Background Investigation

APPENDIX C: Description of Essential Duties of a Fire Fighter

GENERAL INSTRUCTIONS: this application consists of several sections; a questionnaire; a Notification Procedure Release; a Waiver and Release for Background Investigation; and a Description of Essential Job Functions. Each one of these sections must be completed in order for the City of Washington to accept the application as complete. Print (do not type) an answer to each question. If a particular question does not apply to you, so state with a N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. **DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.**

QUESTIONNAIRE

1. _____
Last Name First Name Middle Name 2. _____
Social Security Number
3. _____
Alias(es), Nickname(s), Maiden Name, Other Changes in Name 4. _____
Telephone Number
5. _____
Present Residence Address Street/City/State/Zip Code
6. _____
U.S Citizen: Native (Yes/NO) Naturalization No. Date Place Court
7. _____
Residence: List all for the past ten years beginning with current

Month & Year From To	Address	With whom did you live? Where are they now?
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8. **FAMILY:** List in order given showing relationships, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, stepbrothers and stepsisters. Include any other with whom you have resided or with whom a close relationship existed or exist.

Relationship	Name	Address If Living	Phone Number
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Father: _____

Mother: _____

9. **VEHICLE OPERATOR'S LICENSE:** Give the following information concerning any vehicle operator's license you have held or now hold.

Type of License	Number	Issuing Authority	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license suspended or revoked?

10. CRIMINAL HISTORY:

Have you ever been charged with a misdemeanor or felony? (Yes/No) If yes, state violation, court of jurisdiction and case disposition:

11. FINANCIAL STATUS:

Do you have any income from any source other than your principal occupation? (Yes/No) How much? _____
How often? _____ The source(s) _____

Do you have or have you had any financial account (savings, checking, loans, stocks, bonds, ect.)? List all accounts during the past seven (7) years.

Name and Address of Financial Institution: Type of Account:

12. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:

Name	Address	Zip	Type (Social, Fraternal, Professional, ect.)	Office Held	Membership Dates From: _____ To: _____

13. SUBVERSIVE ORGANIZATIONS:

(Yes/No)

_____ Are you now or have you ever been a member of any organization, association, movement group or combination of persons 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?

_____ Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee?

____ Are you now associating with, or have you associated with, any individual, including relatives, who you know or have reason to believe are or have been members of any organizations identified above?

____ Have you ever been engaged in any of the following activities of any organization of the type described above: 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?

If yes to any of the answers above, describe the circumstances. Attach additional sheets for a for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held. Also include dates, places and credentials now or formerly held. If associations have been individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

14. EDUCATION:

A. High schools attended:

Name	Address	City	State	Phone Number	Graduated Yes/No

B. Higher Education: List all colleges or universities attended. Attach transcript from last institution.

Name	City	Zip	Years Attended	Credits	Phone Number	Degree Rec'd

C. Major and Minor Courses:

D. Other Schools or training (trade, vocational, military) List for each the name and location of school, years attended, subjects studied, certificates earned, and any other pertinent data. Include complete mailing address.

15. **SPECIAL QUALIFICATIONS AND SKILLS:**

A. Indicate type of special license such as pilot, radio operator, ect. Showing licensing authority, where the license was first issued and date current license expires.

B. Special skills you possess and machines and equipment you can use. (For example, computer Programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

16) EMPLOYMENT: begin with your most recent job and list your work history for the past 10 years, including part-time, temporary or seasonal employment and all periods on unemployment.

From Date	Name & Address of Employer	Phone Number/ Reason for leaving
To Date		Description of Duties
Salary	Name of Supervisor	Name of Co-Worker

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If additional employer blocks are needed, attach requested information on a separate sheet.

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, state reason.

Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, explain. List name, address and phone number of employer, approximate date and reason in each case.

MILITARY STATUS:

Yes **No**

Have you ever served in the U.S. Armed Forces? _____

Do you claim veterans' preference?
If yes, include a copy of your DD 214

A. While in the military service, were you ever convicted for any crime
Graded as a misdemeanor or felony. If yes, list date, place, law
Enforcing authority or type of court or court martial, charge and action
Taken for each incident. Use separate sheet to record this information.

B. Are you presently a member of a U.S. Reserve or State Guard?
If yes, complete the following:

Rank/Pay Grade: _____

Service and Component: _____

Organization and Station or Unit and Address, Phone Number:

Indicate reserve obligation and status, if any:

17. SELECTIVE SERVICE: (Please provide a copy of your Discharge Papers – DD214)

Selective Service Number: _____

22. CHARACTER REFERENCES: List only character references that have definite knowledge of your qualifications for the position of application. List five-character references. (Do not list relatives, former employers or persons living outside the United States.)

Name	Address	home Phone	Work Phone	Years Known

23. 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, provide details.

24. Have you ever applied for a position with any other governmental agencies ? If yes, provide details.

VERIFICATION

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that the information I have provided in the application is true and correct to the best of my knowledge, belief and are made in good faith. I understand that any false statement contained therein is subject to the penalties prescribed by 18PA. C.S.A.4904, relating to unsworn falsification to authorities.

Signature of Applicant

APPENDIX A

Notification Procedure Release

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the Position of fire fighter with The City of Washington Fire Department.

If conventional methods fail in attempting to contact the applicant a certified or 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 City of Washington Fire Department, in writing, of the address change. By affixing your signature to the form, the applicant acknowledges reading and understanding the contents of the procedure.

Date

Signature

APPENDIX B

Waiver and release for Background Investigation

I am presently applying for employment, as a fire fighter with the City of Washington, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a fire fighter. 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 City of Washington.

By this release, I hereby authorize any representative of all 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 all former employers identified in my employment application to permit a review and full disclosure of all records, or any duly authorized agent of the City of Washington, whether said records are 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 City of Washington 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 City of Washington to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by City of Washington in determining my suitability for employment as a fire fighter. It is my specific intent to provide City of Washington 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 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, then-elect 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 organization 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 City of Washington, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give City of Washington the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a city

of Washington employee. I release and hold harmless The City of Washington, 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 City of Washington 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 City of Washington may disqualify me from further consideration for employment as a fire fighter.

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 expense, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Date

Signature

APPENDIX C

Essential Duties of a Fire Fighter

1. Running for several hundred yards.
2. Climbing over obstacles.
3. Crawling
4. Pushing motor vehicles
5. Pulling or carrying accident, fire or crime victims.
6. Using physical force to fight fires
7. Withstanding prolonged exposure, as long as (12) hours, to extreme weather conditions.
8. Withstanding prolonged periods of standing and sitting.
9. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accident or fire
10. Communicate effectively with individuals suffering from trauma.
11. Operate a motor vehicle for long periods of time and under varying Weather and road conditions
12. Fill out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for The City of Washington Fire Fighter and believe that:

I can fully perform all duties with or without reasonable accommodations.
 I cannot fully perform all duties even with accommodations.

Date

Signature

CITY OF WASHINGTON FIRE DEPARTMENT

PHYSICAL AGILITY TEST

LIABILITY RELEASE

This agreement releases the City of Washington, the City of Washington Fire Department; it's Officer's and/ or Agents from any liability relating to injuries that may occur during the Physical Agility Testing of applicants for the City of Washington Fire Department. By signing this agreement, I agree to hold the City of Washington, the City of Washington Fire Department, it's Officer's and or Agents entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by accident and or negligence.

I also acknowledge the risks involved in taking a Physical Agility Test. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit all right to bring a suit against the City of Washington, the City of Washington Fire Department; it's Officers and or Agents for any reason. I will also make every effort to obey safety precautions that are explained to me verbally & ask for clarification when needed.

I, _____ fully understand and agree to the above terms.

APPLICANT SIGNATURE

DATE

TITLE: FIREFIGHTER/EMT

GENERAL DESCRIPTION:

Under close supervision of the Fire Chief, a firefighter is responsible for combating and extinguishing fires, maintaining fire equipment and apparatus, responding to and providing first aid and/basic life support, and maintaining quarters. Work may be performed under situations extremely hazardous to personal health and safety. Work is reviewed through daily observation, accomplishment of daily and special tasks, and through results obtained.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following:

Firefighting – combat a variety of types of fires such as brush, structural, automobile, oil, chemical, gas, vehicle, and rope rescue using a variety of firefighting equipment and tools such as a hose and nozzle, ax, pry bars, hand fire extinguisher and Self-Contained Breathing Apparatus (SCBA)

Routine and periodic maintenance – Daily apparatus checks, preventative maintenance on equipment, check hoses, check personal equipment. Perform routine housekeeping and maintenance of fire station.

Training – attend and participate in training exercises that may include simulated fire combat situations; ladder exercises; preplanning; and familiarization with new or existing equipment and techniques.

Medical – respond to emergency calls, provide routine first aid as required and provide basic life support until arrival of advanced life support technicians and equipment.

Inspections – perform fire and sprinkler inspections.

Public Education – performs fire prevention activities and conduct educational fire safety projects.

Additional Duties – additional duties may be assigned such as dispatching, assisting with routine maintenance and repair of apparatus, equipment or station facilities.

Respond and operate fire apparatus on emergency calls.

PHYSICAL DEMANDS

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

This is very physically demanding and strenuous work under unusual or potentially hazardous conditions. Tasks may require heavy lifting, pushing, pulling, or carrying of heavy loads. Flexibility is important because of the need to enter and exit vehicles frequently, inspect buildings, climb over and around obstacles, suddenly move out of the way of dangers, ect. Mental alertness is very important because of the need to make critical decisions concerning personnel and operations.

WORK ENVIRONMENT

The work environment characteristics described herein are representative of those the employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The location of work performed by the employee is varied and is based on the conditions of the emergency situations; thus, the work is performed whenever and wherever the situation they call for. The employee is frequently exposed to wet/humid conditions. The employee must occasionally visit and inspect facilities that are accessible only by uneven paths of travel, ladders, stairways, rooftops, and other various locations, and in potentially hazardous locations and in all types of weather.

3.14 Preference Points.

Veterans' Preference Points.

Pursuant to the Veterans' Preference Act, as amended by Act 102 of 2020, any applicant for the position of Full-Time Firefighter who qualifies as a military veteran under this Act, shall receive an additional ten (10) points on top of their final score if that applicant qualifies under *Sections 3.10, 3.11, 3.12 and 3.13*, of these rules and regulations. Applicants claiming veteran's preference shall have submitted satisfactory proof of service through the submission of discharge papers or separation documents (A DD214, DD215, or NGB-22 form), or statement of service, as that term is defined in the Act, to the board with their application form.

Certified Firefighter Preference points.

Certified firefighters who possess a Pro Board or IAFC Firefighter 2 Certification **AND** A valid Pennsylvania EMT-B or National Registry EMT-B Certification may be granted (5) Preference Points after successfully passing the written, oral board and physical agility tests. Applicants claiming Certified Firefighter Preference Points must submit copies of required certifications at the time of application.

Residency Preference Points.

Applicants who are City of Washington residents and who have maintained a bone fide residence within the boundaries of the city for a minimum of (2) years prior to the date of application may be granted (3) Preference Points. In order to receive Residency Preference Points, the applicant must furnish (2) documents proving a maintained residency at the time of application. Applicants must successfully pass the written, oral board and physical agility tests prior to being awarded points.

Total Preference Points.

Only non-veteran applicants are entitled to Certified/Residency Preference Points. Applicants claiming preference points may only claim the highest category. Applicants may not combine points from multiple categories.