LANCASTER COUNTY PUBLIC SAFETY TRAINING CENTER

BURN TECHNICIAN / APPARATUS OPERATOR APPLICATION

NAME: _____ AGE: _____

ADDRESS: _____

PHONE NUMBER: HOME: _____ CELL: _____ WORK: _____

EMAIL ADDRESS(ES): _____

FIRE CO. MEMBERSHIP(S): _____

MONTH & YEAR APPLICANT STARTED IN THE FIRE SERVICE: _____

FIRE CHIEF NAME: _____ PHONE #: _____

BURN TECHNICIAN MINIMUM TRAINING REQUIREMENTS (attach copies of certificates)

(24) YEARS OF AGE WITH (6) YEARS OF FIREFIGHTING EXPERIENCE

FIREFIGHTER II CERTIFICATION (PA, IFSAC, NATIONAL PRO-BOARD)

INCIDENT SAFETY OFFICER (FOR LEAD BURN TECH STATUS)

APPARATUS OPERATOR MINIMUM TRAINING REQUIREMENTS (attach copies of certificates)

(21) YEARS OF AGE WITH (5) YEARS DRIVING EXPERIENCE

VALID PA DOT DRIVERS LICENSE (MIN. CLASS C, CLASS B PREFERRED)

FIREFIGHTER I CERTIFICATION (PA, IFSAC, NATIONAL PRO-BOARD)

EMERGENCY VEHICLE OPERATORS COURSE (EVOC)

PSFA PUMP OPERATIONS I & II or DRIVER / OPERATOR - PUMPER CERTIFICATION

I HEREBY DECLARE THAT _____ IS A MEMBER IN GOOD STANDING WITH THE _____ FIRE COMPANY / DEPARTMENT AND MEETS THE MINIMUM REQUIREMENTS LISTED ABOVE. HE / SHE WILL ALSO BE COVERED BY THE FIRE COMPANY'S WORKER'S COMPENSTATION INSURNACE SHOULD ANY INJURY SHOULD OCCUR WHILE PERFORMING THE DUTIES OF A BURN TECHNICIAN FOR THE _____ FIRE COMPANY / DEPARTMENT.

_____ _____

CANDIDATE DATE FIRE CHIEF DATE

RETURN COMPLETED APPLICATIONS TO DAVE GRIBBLE, FIRE SERVICE COORDINATOR AT THE LANCASTER COUNTY PUBLIC SAFETY TRAINING CENTER - FAX (717) 537-4196 or EMAIL dgribble@co.lancaster.pa.us