





**PA State Fire Academy**  
**LOCAL LEVEL INSTRUCTOR APPLICATION**  
 For Application period October - December 15, 2022  
 (Please print or type)



**GENERAL REQUIREMENTS:** (Attach Documentation)

Age: \_\_\_\_\_ Years of Experience: (Min. 7) \_\_\_\_\_

Adult Education Methodology: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a Crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide three (3) references that can attest to your capabilities. At least one must be a current PA State Fire Academy Local Level or Adjunct Instructor.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(Name, Position, Contact Number)

**EDUCATION:**

Are you a High School Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ G.E.D. \_\_\_\_\_ Year

School Name: \_\_\_\_\_

Post High School Education

College/Technical School Name	Location City/State	Curriculum	Degree	Date

**EMPLOYMENT RECORD:**

Current Employer:

Company Name \_\_\_\_\_ Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Job Responsibilities \_\_\_\_\_ Date Started \_\_\_\_\_

Immediate Past Employer:

Company Name \_\_\_\_\_ Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Job Responsibilities \_\_\_\_\_ Date Started \_\_\_\_\_



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**FIRE SERVICE EXPERIENCE:**

List each emergency service organization in which you are **currently** active. Include military fire organizations.

Dept. Name	Location	Date Joined	Paid	Vol.	Paid Call	Rank

List offices and/or positions that you have held. (Include dates/terms held)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been expelled from an emergency service organization membership?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been suspended from an emergency service organization membership?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" for either question, please give the reason(s) for the action and the term of expulsion or suspension. \_\_\_\_\_

Have you ever been a fire service instructor before applying to the PA State Fire Academy?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", where were you an instructor and what were your reasons for leaving? \_\_\_\_\_

\_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**DOCUMENTATION TO BE ATTACHED**

Attach copies of the following required documentation **in order**.

**General:**

- |   |   |
|---|---|
| 1. ___ Birth Certificate                      | 5. ___ PA Child Abuse History   |
| 2. ___ Driver's License                       | 6. ___ Resume   |
| 3. ___ Proof of Education<br>(HS/college/GED) | 6a. ___ <b>Certification Transcript from</b><br>(ProBoard and/or IFSAC) |
| 4. ___ Criminal History Check                 | 7. ___ Reference Letters (3)  |

(NOTE: A copy of your current passport can be substituted for your Birth Certificate and Driver's License.)

**Education Methodology:** (You **only** need to submit **one** of the following)

**See page 4 of the instructions for alternate acceptable ways of meeting this requirement)**

8. \_\_\_ Adult Education Methodology Course (35 hours or 1 semester hour minimum)  
**OR**  
 8. \_\_\_ Pennsylvania Department of Education Teaching Certificate  
**OR**  
 8. \_\_\_ Instructor Credentials from another agency (Dept. of Health, Dept. of Environment Protection, Dept. of Conservation and Natural Resources, PA State Police, Dept. of Corrections, MOPETC, WMD)

**Specific Instructor Levels**

**Agency:**

9. \_\_\_ Agency Request Letter (only if applicable)

**Non-Suppression:**

9. \_\_\_ Diplomas/certificates for training successfully completed in the specialty field you wish to be approved to instruct.  
 10. \_\_\_ Fire Service Instructor I Certification  
 11. \_\_\_ Incident Safety Officer - NFA  
 12. \_\_\_ Hours of training-100 minimum/50 of which in Specialty Track

**Suppression:**

9. \_\_\_ Diplomas/certificates for training successfully completed in the other Specialty field(s) you wish to be approved to instruct.  
 10. \_\_\_ Suppression Instructor Development (ZFID Certificate)