

# Upper Darby Township

Civil Service Commission

Fire Fighter Application and Forms



The Civil Service ability test for the position of Fire Fighter will take place on Saturday, April 5, 2025, at 9:00 AM at Monsignor Bonner and Archbishop Prendergast High School.

The Civil Service written examination will be administered at the Monsignor Bonner and Archbishop Prendergast High School on Saturday, April 12, at 9:00 AM. If you fail or do not take the ability test you will not be permitted to take the written examination.

Monsignor Bonner and Archbishop Prendergast High School is located at 403 North Lansdowne Avenue, Drexel Hill, Delaware, County, Pennsylvania 19026.

Date of Completion:

Date of Fire Department Fitness Examination: April 5<sup>th</sup>, 2025

Date of Civil Service Written Examination: April 12<sup>th</sup>, 2025

**GENERAL INSTRUCTIONS:**

This application consists of several sections: an Application; a Description of Essential Job Functions for the position of Firefighter; a Residency Statement, Waiver and Release for Background Investigation, and a Physician Medical Release form. All sections must be completed in order for Upper Darby Fire Department to accept the application as complete.

Print or type an answer to every question. Read each question carefully. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet of paper and precede with the number of the referenced block. Do not misstate or omit material fact since the statements herein are subject to verification to determine your qualifications for employment.

Any misstatement, unrequested information, or omission will result in automatic disqualification.

**Firefighter Application for Appointment**

Last Name (Jr. Sr. etc.)	First Name	Middle Name	Alias(es), Nickname(s), Other Former Names		
Present Residence: Street Address (include apt number)			City	State	Zip
Home Telephone Number & Cellular Number			Email Address		

- Are you at least 18 years of age?  Yes  No
  - If not, will you be 18 within 60 days of examination:  Yes  No
- Are you eligible to work in the United States?  Yes  No
- Social Security Number \_\_\_\_\_

**RESIDENCES**

List all residences for the past ten (10) years, beginning with your present address. This must include any and all temporary housing. (use additional paper as needed)

From (MM/YY)	To (MM/YY)	Full Address including city, state and zip

**EMPLOYMENT HISTORY**

Begin with your most recent job and list your entire work history for the past TEN (10) years, including full-time, part-time, temporary, and seasonal employment, and related military service assignments and ALL periods of unemployment. If necessary, use a separate sheet of paper. **USE FULL ADDRESSES WITH ZIP CODES. YOU MUST PROVIDE ALL OF THE INFORMATION REQUESTED.**

**PRESENT OR MOST RECENT EMPLOYER**

<b>From: (MM/DD/YYYY)</b>	<b>To: (MM/DD/YYYY)</b>	<b>Name of Employer</b>	
<b>Employer Full Address</b>		<b>Name of Supervisor</b>	<b>Phone number</b>
<b>Your Job Title</b>		<b>Reason for Leaving</b>	
<b>Primary Duties and Responsibilities:</b>			

**FORMER EMPLOYER**

<b>From: (MM/DD/YYYY)</b>	<b>To: (MM/DD/YYYY)</b>	<b>Name of Employer</b>	
<b>Employer Full Address</b>		<b>Name of Supervisor</b>	<b>Phone number</b>
<b>Your Job Title</b>		<b>Reason for Leaving</b>	
<b>Primary Duties and Responsibilities:</b>			

**FORMER EMPLOYER**

<b>From: (MM/DD/YYYY)</b>	<b>To: (MM/DD/YYYY)</b>	<b>Name of Employer</b>	
<b>Employer Full Address</b>		<b>Name of Supervisor</b>	<b>Phone number</b>
<b>Your Job Title</b>		<b>Reason for Leaving</b>	
<b>Primary Duties and Responsibilities:</b>			

Please explain any gaps in employment: \_\_\_\_\_

**EDUCATION**

Attached a copy of official high school diploma or G.E.D. certificate, college degree or other official document demonstrating attainment or equivalent of higher education. If no college degree was obtained, you must include an official copy of transcript.

Type of Institution	Name of Institution Street Address City, State, Zip	Did you graduate:	Type of Degree received	Major (and Minor) Course(s) of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
G.E.D.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical or Business School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or university		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

- Were you ever subject to **any** disciplinary action while at **any** school?  Yes  No

If yes, please list details of each disciplinary action: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT BACKGROUND: (Read the full question)**

1. Have you previously worked for or are currently employed by Upper Darby Township?  Yes  No

If yes, list department(s) and date(s) of employment: \_\_\_\_\_

2. Have you previously taken a civil service examination with Upper Darby Township?  Yes  No

If yes, list position sought and examination year: \_\_\_\_\_

3. Have you **EVER** been discharged (fired), asked to resign, furloughed, suspended for cause, or subjected to disciplinary action while in any position?  Yes  No

If yes, state circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Did you receive any promotions or commendations in any prior job?  Yes  No

If yes, list the details of each promotion or commendation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Have you ever applied for a position as a firefighter with any other governmental agencies:  Yes  No

If yes, list agencies: \_\_\_\_\_  
 \_\_\_\_\_

6. Have you read and understand the job description for the position of Firefighter?  Yes  No

7. Have you read the informational sections of this applicant booklet, including those dealing with a firefighter certificate and experience as a firefighter and those addressing past illegal drug use a firefighter candidate?  Yes  No

**VEHICLE OPERATION LICENSE**

This position required a valid and unexpired driver's license, do you meet this requirement  Yes  No

Please list current license below, as well as any other state in which you held a driver's license

License Number	State of Issuance	Class / Endorsements	Expiration Date	Is license currently valid?

In the past ten (10) years, have you been denied the issuance of a driver's license, or has your license been suspended, restored, or administratively restricted for non-medical reasons?  Yes  No

If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_

In the past ten (10) years, have you been refused vehicle registration for violation of financial responsibility (insurance) laws?  Yes  No

If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_

Have you been found OR pled guilty to a traffic violation (including traffic citations & summons), not including parking tickets, within the past ten (10) years?  Yes  No

If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_

**MILITARY STATUS**

	Yes	No
Have you served in the U.S. Armed Forces?		
Are you a participating member of the Army Pa YS program?		
Do you claim preference under the Veterans' Preference Act: 51 Pa. C.S.A §7104?		

Branch of Service:  Army  Navy  Marines  Air Force  Other (specify \_\_\_\_\_)

Dates of Service: \_\_\_\_\_ Highest Rank \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

Discharge Type: \_\_\_\_\_

While in the military, were you ever convicted of a crime in accordance with a General Court Martial proceeding, or any crime graded as a misdemeanor, felony, Class A or greater?  Yes  No

Are you presently a member of the U.S. Reserves or National Guard?  Yes  No

If yes, Grade \_\_\_\_\_ Service Number \_\_\_\_\_ Service and Component \_\_\_\_\_

Organization, Station or Unit, and Location: \_\_\_\_\_

Active  Inactive  Standby

**List all trainings and experience you received while in the military**

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**CHARACTER REFERENCES**

Please list three (3) references who have definite knowledge of your qualifications and fitness for the position for which you are applying. References must have known you for at least two (2) years. Do not list relatives or persons living outside the United States or its Territories

Name	Years Known	Nature of Relationship	Address (business address preferred) Street	City	State	Zip

**CIVIL / CRIMINAL PROCEEDINGS**

	Yes	No
Have you EVER been convicted of any Felony or Misdemeanor offenses?		
Have you EVER pled guilty or Nolo Contendere to any Felony or Misdemeanor offenses?		
Does your public record contain offenses for which you were adjudicated delinquent?		
Do you currently have Felony or Misdemeanor offense charges pending?		
In the past two (2) years, have you been convicted of a summary offense, which would be considered a breach of the peace?		
Have you or your spouse now or during the past three (3) years been involved in, or party to, or connected with any court action or civil suit? (including a Protection from Abuse (PFA) order)		

If you answered "Yes" to any of the above questions, you must provide the following information for each offense. Use additional sheets of paper (8 1/2 x 11), if necessary.

<b>Offense (include grade and degree)</b>	
<b>Date of offense</b>	
<b>City and State in which offense occurred</b>	
<b>Name of court having jurisdiction</b>	
<b>Disposition or sentence for offense</b>	
<b>Additional Information:</b>	

<b>Offense (include grade and degree)</b>	
<b>Date of offense</b>	
<b>City and State in which offense occurred</b>	
<b>Name of court having jurisdiction</b>	
<b>Disposition or sentence for offense</b>	
<b>Additional Information:</b>	

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 of the 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 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 with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

DRUGS, ALCOHOL, AND CHEMICAL SUBSTANCES		
	Yes	No
Have you intentionally taken or used any narcotic, depressant, stimulant, marijuana (including any of its derivatives), or any other illegal drug, except as legally prescribed to you by a licensed physician in the last twelve (12) months?		
Have you taken or used any illegal hallucinogen, i.e. MDMA (Ecstasy), Peyote, Psilocybin, Mushrooms, LSD, PCP, Mescaline, Etc.?		
Have you intentionally sniffed glue, paint, hair spray, or other chemical fumes in the last twelve (12) months?		
Have you even been involved in the sale of any illegal drug, including prescription drugs, marijuana, etc., at any time?		
Has your use of alcoholic beverages (such as, but not limited to liquor, beer, or wine) ever resulted in the loss of a job or a criminal conviction?		

If you answered "YES" to any of the above questions, explain in detail. (Use a separate sheet of paper if necessary.) **INCLUDE TYPE OF SUBSTANCE, AMOUNT OF SUBSTANCE, FREQUENCY, AND DATES. PROVIDE AS MUCH DETAIL AS POSSIBLE.**

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**ESSENTIAL FUNCTIONS FOR THE POSITION OF FIREFIGHTER**

Each applicant must be able to perform the following functions:

- a. Operate both as a member of a team and independently at incidents of uncertain duration.
- b. Spend extensive time outside exposed to the elements.
- c. Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (up to 400o F), humid (up to 100%) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.
- d. Experience frequent transition from hot to cold and from humid to dry atmospheres.
- e. Work in wet, icy, or muddy areas.
- f. Perform a variety of tasks on slippery, hazardous surfaces such as on rooftops or from ladders.
- g. Work in areas where sustaining traumatic or thermal injuries is possible.
- h. face exposure to carcinogenic dusts such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents through absorption, inhalation, or direct contact.
- i. Face exposure to infectious agents such as Hepatitis B or HIV.
- j. Wear personal protective equipment that weighs approximately 50 pounds while performing firefighting tasks.
- k. Perform physically demanding work while wearing compliant positive pressure and air purifying breathing apparatus with 1.5 inches of water column resistance to exhalation at a flow of 40 liters per minute.
- l. Perform complex tasks during life-threatening emergencies.
- m. Work for long periods of time, requiring sustained physical activity and intense concentration.
- n. Face life or death decisions during emergency conditions.
- o. Be exposed to grotesque sights and smells associated with major trauma and burn victims.
- p. Make rapid transitions from rest to near maximal exertion without warm-up periods.
- q. Operate in environments of high noise, poor visibility, limited mobility, at heights, in enclosed or confined spaces, and on or near moving water.
- r. Use manual and power tools in the performance of duties.
- s. Rely on senses of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.

I have reviewed the above list of essential job functions for an Upper Darby Township Firefighter and believe that:

- I can fully perform all the essential duties with or without a reasonable accommodation.
- I cannot fully perform all the essential duties even with accommodations.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**SIGNATURE AND VERIFICATION**

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statement contained herein is subject to the penalties prescribed by 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

I understand if any of the information herein contains any misrepresentation or falsification or if any material information has been omitted, I will be disqualified from consideration and will not be permitted to make future application for any position with Upper Darby Township Fire Department for a period of three (3) years from the date of notification of disqualification.

I further understand if I am hired by the Upper Darby Township and if any misrepresentation, falsification or omission of material information in this application for employment is determined after my date of hire, I will be considered to have voluntarily terminated my employment and will not be permitted to make future application for any position with the Upper Darby Township Fire Department, for a period of three (3) years from the date of notification of termination.

I further agree and consent to this application being rejected without cause or hearing if any of the above information contains any misrepresentations, omissions or falsifications.

\_\_\_\_\_  
**Signature of Applicant (in presence of notary)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Printed Name of Notary**

\_\_\_\_\_  
**Commission expiration date**

Upper Darby Fire Department  
Waiver and Release for Background Investigation

I, \_\_\_\_\_, am presently applying for employment as a Firefighter with Upper Darby Township, Fire Department, 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 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 Upper Darby Township.

By this release, I hereby authorize any representative of any of my former employers, and any representative of any organizations from which I sought employment, 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 Upper Darby Township. I also authorize all former employers and organizations from which I sought employment 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 Upper Darby Township, whether said records are of public, private, or confidential nature.

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

I authorize all former employers and organizations from which I sought employment, 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 records obtained through the application process, 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 a 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 and organizations from which I sought employment 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 and organizations from which I sought employment 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 and organizations from which I sought employment identified in my employment application to release such information upon request of the duly accredited representative of Upper Darby Township, regardless of any agreement, written or oral, I may have made with the former employer or organization from which I sought employment to the contrary.

In addition, I also give Upper Darby Township the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a City of Harrisburg employee including, but not limited to the following: Educational Records, Military Records, Credit Information, Criminal Records, Medical Records, Employment Records, Social Media Websites (Facebook, Twitter, Instagram, etc.) and Motor Vehicle Records. I release and hold harmless Upper Darby Township, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an

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investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

Title 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 or organization from which I sought employment will be used by Upper Darby Township in conjunction with employment procedures.

I understand that if a former employer or organization from which I sought employment refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then Upper Darby Township 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.

Signed:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature (Must be signed in the presence of a notary public)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

On this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_, before me, a Notary Public, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed on this document. I acknowledge that he/she executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and seal

**SEAL**

\_\_\_\_\_  
Signature of Notary Public

My commission expires:

Equal Employment Opportunity Survey  
Upper Darby Township

Upper Darby Township is an Equal Opportunity Employer. Applicants are considered without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Although it is not mandatory for you to complete this form, we request that you provide us with the following information so that we can document and assess the effectiveness of Upper Darby Township's Equal Employment Opportunity recruitment program and comply with record-keeping and reporting requirements. This data is for statistical purposes only and will be kept in a separate confidential file in Human Resources. Your responses are strictly voluntary and will not affect your employment opportunities.

**EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

Title of position applied for: Firefighter Date: \_\_\_\_\_

Gender: Male Female Choose not to declare

Race/Ethnicity: Please check one

Hispanic/Latino	Persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture of origin, regardless of race.
White	Not of Hispanic origin; persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black/African-American	Not of Hispanic origin; persons having origins in any of the Black racial groups of Africa.
Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes China, Japan, and Korea.
Native American/ Pacific Islander	Persons having origins in Hawaii or the Pacific Islands.
American Indian/ Alaskan Native	Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
Two or more races	
Choose not to declare	

Vietnam Era Veteran:  Yes  No  Choose not to declare

Referral Source: \_\_\_Newspaper Advertisement \_\_\_Web site \_\_\_Current Employee \_\_\_Other

**QUESTIONS SHOULD BE DIRECTED TO THE UPPER DARBY FIRE DEPARTMENT AT  
PHONE ( 610-734-7673 )**

## APPENDIX A

### Upper Darby TWP. Firefighter Entry Level Physical Fitness Examination

Candidates for the position of firefighter must take and successfully complete the physical fitness assessment as part of their exam prior to being considered for the position.

#### Key Factors for Determining Physical Fitness of Firefighters

- **Aerobic Capacity**
- **Muscular Strength**
- **Muscular Endurance**

Aerobic capacity along with muscular strength and endurance are indicators of cardiovascular fitness. These components are considered most related to health as well as the ability to perform vigorous and/or sustained physical activity.

#### Upper Darby TWP Fire Department Physical Fitness Examination

##### General Requirements

The physical fitness examination will consist of physical tests as detailed below. In order for an applicant to participate in the physical fitness examination, the candidate must obtain a medical release from a licensed physician.

The Physical Fitness Exam consists of the following tests:

- **Push-ups:** A one-minute test in which members complete as many push-ups with proper technique as possible. The minimum standard for men is 29 and for women is 15.
- **Sit-ups:** A one-minute test in which members must do as many sit-ups with proper technique as possible. The minimum standard for men is 38 and for women is 32.
- **1-mile run:** This is a timed run with a distance of 1 mile (four laps) around a standard running track on level ground. Men must complete the run no slower than 13:00 minutes and for women no slower than 16:00 minutes.

##### Scoring

The physical fitness examination is scored on a Pass/Fail basis.

- An applicant must complete all tasks within the specified time and meet the minimum standards as indicated above.
- An applicant who does not pass the physical fitness examination shall be disqualified from the remainder of the examination process.

**APPENDIX B**

Dear Physician:

In order for \_\_\_\_\_, an applicant for the position of Firefighter for Upper Darby Township, to participate in the Township’s Candidate Physical Ability Test, (s)he must obtain a medical release from a licensed physician. Please review the test description in (Appendix A) and complete the form below.

The Candidate Physical Ability Test is a test of physical strength, muscular endurance, cardiovascular fitness, and flexibility. Eligible applicants must be able to participate on the scheduled testing on April 5<sup>th</sup>, 2025, regardless of weather conditions. EMT’s will be on-site during the event and participants will be closely monitored.

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**Physician’s Acknowledgment of Review of Requirements of Candidate Physical Ability Test  
and  
Medical Release to Participate in Candidate Physical Ability Test**

I certify that I have reviewed the requirements of the Physical Ability Test for the position of Firefighter for Upper Darby Township AND have examined the individual whose name is listed above. This individual is:

medically able  
NOT medically able

to participate in the Candidate Physical Ability Test for the position of Firefighter for Upper Darby Township.

\_\_\_\_\_  
Physician’s Name (printed)

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Full Address

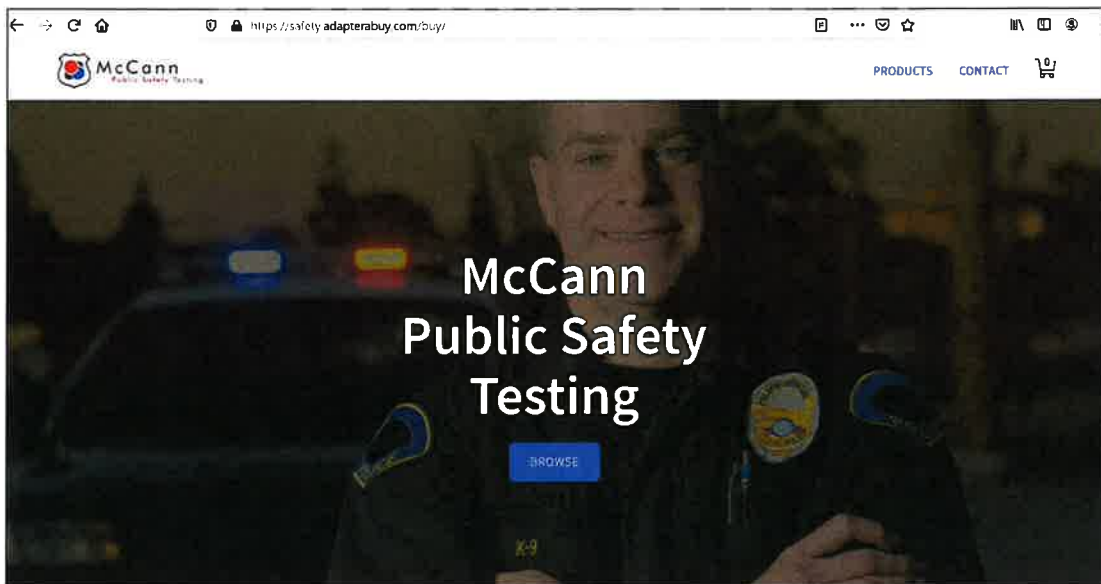
\_\_\_\_\_  
Date

*If the individual is medically able to participate, please return the completed form to the individual at the time of his/her examination.*

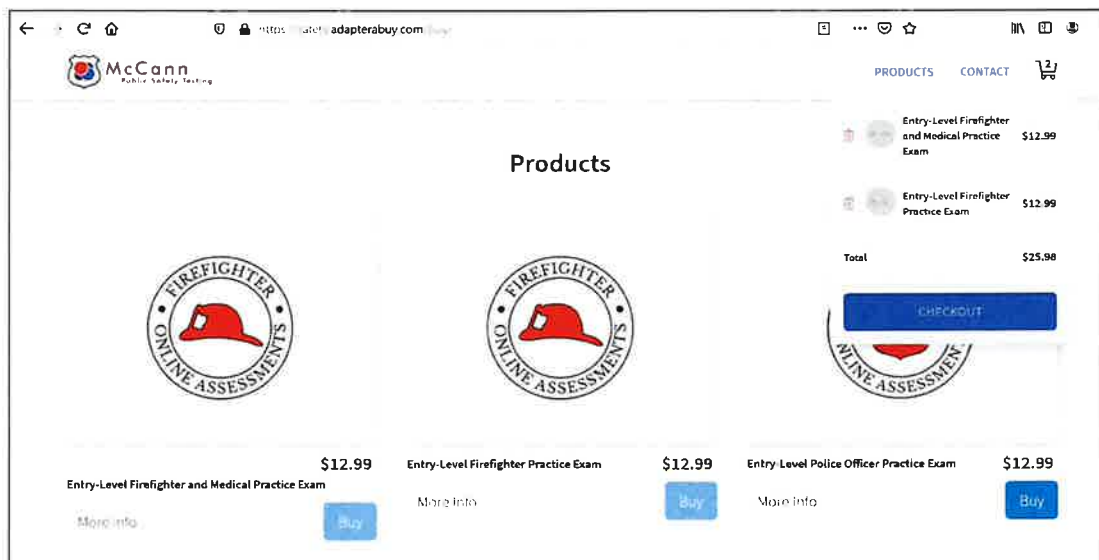
*If the individual is NOT medically able to participate, please return the completed form to  
Upper Darby Fire Department  
7216 West Chester Pike  
Upper Darby, PA 19082*

## Purchasing Practice Tests

Practice Exams are available for purchase via our online store at the following website:  
<https://safety.adapterabuy.com/buy/>



Once on this page, simply scroll down the page to view all the practice tests available for purchase. You can then click on the "test icon" or "more info" button to learn more about a specific practice test. Please note that Upper Darby Township, PA Fire Department firefighter recruit candidates should select the **"Entry-Level Firefighter and Medical Practice Exam."** Once you make your decision to buy, simply click on the "Add to Cart" button and proceed to "Checkout" to make your purchase.





When you do check out, you will be prompted to enter a few pieces of information along with the payment at the bottom of the page. *Please note that you can save 15% off the purchase price of your practice exam by entering coupon code **BSPNF** during the "checkout" process in the "Promotion Code" box.*

A screenshot of the checkout page on the website safety.adapterabuy.com. The page displays a form for entering customer information: First Name, Last Name, and Promotion Code. Below the form, there is a summary of the order: Discount: \$0.00 and Total: \$25.98. A checkbox is present for acknowledging terms and conditions, with a link to "Terms & Conditions". At the bottom of the form is a large blue button labeled "ORDER PRODUCT".

Shortly after checkout, you will receive a confirmation email which explains how you can access your practice test.

1. The test will be delivered through an online application called **Adaptera**.
2. Your username will be set to your email address. You will log in to Adaptera at this address: **safety.adaptera.com**. If you are a first-time user, you will need to use the **Forgot Password** feature on the Adaptera login page to reset your password.

A screenshot of the Adaptera Sign In page. The page features the McCann Public Safety Testing logo at the top. Below the logo is a "Sign In" section with the heading "Sign in using your registered account." There are two input fields for username and password, both with eye icons for toggling visibility. Below the input fields are links for "Forgot username?" and "Forgot password?". A blue "Sign In" button is located at the bottom right of the sign-in form.





**McCann**  
Public Safety Testing

**Questions? Please contact the McCann Public Safety Testing Help Desk:**

**E: [adaptersupport@vantage.com](mailto:adaptersupport@vantage.com)**

**T: 1-844-712-6221**

*As a reminder, the practice tests are web-based so nothing will be shipped to you.*

**Checklist for Firefighter's Test  
2025**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Signed and notarized Release of Information form. Make sure date of birth, address, telephone number, and social security number are shown.  
(Checked by \_\_\_\_\_)
- Signed and notarized Authorization for Release of Credit & Financial Information form. Make sure date of birth, address, telephone number, and social security number are shown. (Checked by \_\_\_\_\_)
- Release/Waiver for Agility Test form (Checked by \_\_\_\_\_)
- Copy of driver's license (Checked by \_\_\_\_\_)
- If a Veteran, DD 214 form received (Checked by \_\_\_\_\_)
- McCann Candidate handout (Checked by \_\_\_\_\_)