



# DEWEY FIRE COMPANY NO.1 AMBULANCE

502 Durham Street, Hellertown, PA 18055

610-838-1677

610-838-1688(fax)

PLEASE PRINT LEGIBLY

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

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## POSITION INFORMATION

Position(s) Applying For: \_\_\_\_\_

Hours (please circle):    Full Time                      Part Time                      Volunteer

Volunteer Applicants: Are you at least 16 years of age?    YES    NO

Career Applicants: Are you at least 21 years of age?    YES    NO

Have you ever worked/volunteered for this organization?    YES    NO

If so, date(s) \_\_\_\_\_                      Prior position(s) here: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Do you have any relatives or friends working/volunteering here? \_\_\_\_\_

Please list: \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

**CERTIFICATION INFORMATION**  
(List only current certifications - photocopies must accompany application)

<b>Certification</b>	<b>Cert. Date</b>	<b>Exp. Date</b>	<b>Certifying Agency</b>			
<b>EMT - EMT-P - PHRN</b>						
<b>National Registry</b>						
<b>CPR</b>						
<b>ACLS</b>						
<b>PALS</b>						
<b>PHTLS</b>						
<b>EVOC/EVDT</b>						
<b>NIMS</b>			100	200	700	800
<b>EMT-P/PHRN: Current Command Status</b>			YES		NO	

**WORK REQUIREMENTS AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.?      YES    NO

Do you have a valid Driver's License?      YES    NO    Class: \_\_\_\_\_

Issued by what State? \_\_\_\_\_      Driver's License #: \_\_\_\_\_

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?      YES    NO

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

*A conviction will not necessarily disqualify you from employment.*

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid?      YES    NO

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

**EMPLOYMENT HISTORY**

(List your last three employers or volunteer activities, starting with the most recent.)

I.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

II.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

III.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Explain any gaps in employment: \_\_\_\_\_

\_\_\_\_\_

**MILITARY:**

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Have you ever been:

- Disciplined or terminated for reckless driving? YES NO
- Placed on probation or terminated for excessive absenteeism? YES NO
- Disciplined or fired for insubordination? YES NO
- Disciplined or fired for violation of safety rules? YES NO
- Disciplined or fired for assault or fighting? YES NO
- Disciplined or fired for harassment? YES NO
- Disciplined or fired for patient abuse? YES NO
- Disciplined or fired for alcohol or drug related activity at work? YES NO

If you answered yes to any question above, please explain: \_\_\_\_\_

\_\_\_\_\_  
*Answers of Yes for any of the above questions will not necessarily disqualify you from employment.*

EDUCATION AND TRAINING

HIGH SCHOOL:

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

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

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

If not, highest grade completed: \_\_\_\_\_

Have you received your GED? YES NO

COLLEGE:

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

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

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

If not, highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

OTHER COLLEGE:

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

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

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

If not, highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

TECHNICAL SCHOOL:

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

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

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

If not, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_

License: \_\_\_\_\_

Expires: \_\_\_\_\_

Expires: \_\_\_\_\_

OTHER SCHOOL/TRAINING:

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

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

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

If not, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_

License: \_\_\_\_\_

Expires: \_\_\_\_\_

Expires: \_\_\_\_\_

OTHER: \_\_\_\_\_

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

\_\_\_\_\_

\_\_\_\_\_

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

List **two** personal references that have known you for at least three years outside work.

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

Years Known: \_\_\_\_\_

Phone: \_\_\_\_\_

How they know you: \_\_\_\_\_

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

Years Known: \_\_\_\_\_

Phone: \_\_\_\_\_

How they know you: \_\_\_\_\_

**ACKNOWLEDGMENT**

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate Dewey Fire Company No.1 Ambulance in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or Dewey Fire Company No.1 Ambulance is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Dewey Fire Company No.1 Ambulance as a condition of my employment, and I hereby give my consent to the release of all information which Dewey Fire Company No.1 Ambulance deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from Dewey Fire Company No.1 Ambulance.

I hereby authorize Dewey Fire Company No.1 Ambulance to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release Dewey Fire Company No.1 and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded my employment with Dewey Fire Company No.1 Ambulance may be terminated.

Applicant's Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_