

# PARKVIEW

## VOLUNTEER FIRE DEPARTMENT

### O'HARA TOWNSHIP, PA

### Employment Application

PARKVIEW Volunteer Fire Department is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

**\*\*If you are filling out this application on-line just "click" within the checkboxes\*\***

Position Applying For : Paramedic EMT (check one) or other: \_\_\_\_\_

#### **Personal Data**

_____	_____	_____
First Name	Middle	Last
_____	_____	_____
Street Address	City	State      Zip Code
_____	_____	_____
Home Telephone Number	Social Security Number	Today's Date
_____	_____	_____
Daytime Telephone Number at which we may contact you	Cell-phone Number	

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Are you 18 years of age or older?    Yes \_\_\_\_\_    No \_\_\_\_\_ (check one)

Have you ever been convicted of a Misdemeanor or Felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please explain: \_\_\_\_\_

Do you have a Current Driver's License ? Yes \_\_\_\_\_ No \_\_\_\_\_

State issued in : \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Have you had any Vehicle Accidents in the Past Three Years ? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain : \_\_\_\_\_

Have you had any Traffic Violations in the Past Three Years ? : Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain : \_\_\_\_\_

### **Position Preferences**

Schedule desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ # of Hours Per Week \_\_\_\_\_

Please check all shifts that you would be willing and able to work:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
2400-0800							
0800-1600							
1600-2400							

Could you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

What date could you start work? \_\_\_\_\_

**Education**

**High School**

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

City and State: \_\_\_\_\_

Did you graduate YES NO or; Do you have your GED YES NO

**College**

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

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

**EMS Certifications**

Level of Certification: \_\_\_\_\_ Certification # : \_\_\_\_\_

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

Where did you take your EMT or Paramedic training? \_\_\_\_\_

If certified as Paramedic, Do you have active command ? YES NO

If Yes, Location of Primary Command : \_\_\_\_\_

**CPR :** Yes or No **Expires :** \_\_\_\_\_

**ACLS :** Yes or No **Expires :** \_\_\_\_\_

**BTLS/PHTLS :** Yes or No **Expires :** \_\_\_\_\_

**PALS :** Yes or No **Expires :** \_\_\_\_\_

**EVOC :** Yes or No **Expires :** \_\_\_\_\_

**HAZ-MAT Awareness or Operations :** Yes or No

**Other Training :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

List your current or most recent employment first. Include work related internships, military and volunteer work.

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

City and State: \_\_\_\_\_

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

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per Hour Week Month (check one)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes No

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

City and State: \_\_\_\_\_

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

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per Hour Week Month (check one)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes No

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

City and State: \_\_\_\_\_

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

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per Hour Week Month (check one)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes No

**Professional References** (No relatives or former employers)

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## **Releases and Applicant's Signature**

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
Initials

**All hiring and employment at PARKVIEW VFD/EMS is at will.** I understand this application is not an employment contract, nor can it be used to create one. Employment by PARKVIEW VFD/EMS has no specific term and may be terminated by the employee or PARKVIEW VFD/EMS with or without notice. I acknowledge that PARKVIEW VFD/EMS has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with PARKVIEW VFD/EMS, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to PARKVIEW VFD/EMS. I agree to release and hold harmless PARKVIEW VFD/EMS from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with PARKVIEW VFD/EMS may be terminated.

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

\_\_\_\_\_  
Date