

East Berlin Fire Company, Liberty No.1

101 East Locust Street

East Berlin, PA 17316

## Application for Employment

*Applicants may be tested for illegal drugs/alcohol*

Please Print in blue or black ink

East Berlin Fire Company is an equal opportunity employer and considers all applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a disability, or any other legally protected status.

### Personal Information

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

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

Street/P.O. Box

City

State

Zip Code

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

State

Number

Class

Restrictions

If a job offer is made, can you provide evidence that you are legally authorized to work in the United States?

Yes

No

Are you over the age of 18?

Yes

No

Have you been convicted of a felony in the past five (5) years?

Yes

No

Have you ever been convicted of a misdemeanor in the past five (5) years?

Yes

No

If you answered yes to either or both, please explain: \_\_\_\_\_

### Employment Desired

Position Applied For: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ /hr Date you can start: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you available to work:

Full Time

Part Time

Temporary

Week days

Weekends

Holidays

## Education/Training

	Name and Address	Course of Study	Years Attended	Diploma/GED?
High School				
College				
Other				

Do you have? *Circle all certifications currently held*

- |                       |                    |                         |
|-----------------------|--------------------|-------------------------|
| Pennsylvania EMR      | Pennsylvania EMT-B | Pennsylvania Paramedic  |
| Interior Firefighting | Firefighter I/II   | Fire Officer I or above |
| NIMS 100              | NIMS 200           | NIMS 700                |
| CPR/AED               | PEPP               | ITLS/BTLS               |
| BVR-Awareness         | BVR-Operations     | BVR-Technician          |
| Hazmat Awareness      | Hazmat Operations  |                         |

Other certifications held not listed above:

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Number of years operating as the primary care provider on an *emergency response* ambulance:

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Has your Pennsylvania State EMS certification ever been suspended or revoked for any reason?

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

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# Employment History

*Starting with your most recent/current job, and continuing chronologiclly.*

Employer: _____	Dates Employed		Work Performed/Duties
Address: _____ _____	From	To	
	_____	_____	
Phone #: _____	Hourly Wage		
Job Title: _____	Start	Final	
Supervisor: _____	_____	_____	
Reason for leaving: _____			

Employer: _____	Dates Employed		Work Performed/Duties
Address: _____ _____	From	To	
	_____	_____	
Phone #: _____	Hourly Wage		
Job Title: _____	Start	Final	
Supervisor: _____	_____	_____	
Reason for leaving: _____			

Employer: _____	Dates Employed		Work Performed/Duties
Address: _____ _____	From	To	
	_____	_____	
Phone #: _____	Hourly Wage		
Job Title: _____	Start	Final	
Supervisor: _____	_____	_____	
Reason for leaving: _____			

Employer: _____	Dates Employed		Work Performed/Duties
Address: _____ _____	From	To	
	_____	_____	
Phone #: _____	Hourly Wage		
Job Title: _____	Start	Final	
Supervisor: _____	_____	_____	
Reason for leaving: _____			

# References

Give the names of four persons not related to you, whom you have known for at least three (3) years.

1 Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Occupation: \_\_\_\_\_

2 Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Occupation: \_\_\_\_\_

3 Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Occupation: \_\_\_\_\_

4 Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Signature

I authorize investigation of all statements contained herein and the references listed above to give you and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is temporary for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies set forth by East Berlin Fire Company, Liberty No. 1.

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Signature of Applicant

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Printed Name

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Date