



# NEWBERRY TOWNSHIP FIRE DEPARTMENT

## EMS Division

2145 YORK HAVEN RD.  
ETTERS, PA. 17319  
717-938-3801 Main  
717-932-4034 Fax



*"Raising the Bar ..... On the Standard of Care!"*

NTFD EMS Division considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. NTFD EMS Division IS A DRUG-FREE WORKPLACE

PLEASE PRINT

### PERSONAL INFORMATION

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

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

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

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

Home Telephone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Are you at least 18 years of age? YES NO Date Available to Start: \_\_\_\_\_

Hours Requested (please circle) Full Time Part Time

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

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

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

### POSITION INFORMATION

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

Have you ever worked/volunteered for this department? \_\_\_\_\_

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

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

**CERTIFICATION INFORMATION**  
(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/EMT-P (Circle One)			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
Other: _____			

**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: \_\_\_\_\_

**MILITARY:**

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

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

\_\_\_\_\_

**PAST EMPLOYMENT**

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: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

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

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

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

Telephone Number (including area code): \_\_\_\_\_

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

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

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

Telephone Number (including area code): \_\_\_\_\_

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

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

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

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

Telephone Number (including area code): \_\_\_\_\_

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

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

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

Telephone Number (including area code): \_\_\_\_\_

**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 the Company 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 the Company 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) prior to employment and again 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 the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company 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 this Company.

I hereby authorize the Company 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 the Company 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 the Company may be terminated.

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

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

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