



FIRE DEPARTMENT OF NORTH VERSAILLES EMS DIVISION



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name of Applicant:			
Street Address:			
City:		State:	Zip Code:
Social Security Number:	Date of Birth:	Home Phone:	Other Phone:

Do you have a legal right to work in the United States? Yes No

Have you ever been a member or employed as a member of the Fire Department of North Versailles previously? Yes No

If yes, Position/Title: _____

Dates of Employment: _____ Reason for Leaving: _____

EDUCATION

	Name/Location	Graduate Yes / No	Diploma/Degree/Certification	Course/Major
High School:				
College/University:				
Business/Trade or Technical:				
Nursing/Medical:				
Graduate Work or Other (Including Military):				

Describe any relevant or required licenses or certifications (Including issuer, identification number, expiration dates, etc.) PROVIDE COPIES AS NEEDED:

CERTIFICATION AND TRAINING

List previous Fire/Rescue/EMS agencies you have worked or have belonged to:

Service Name:	Chief/Director:	Phone Number:
Service Name:	Chief/Director:	Phone Number:
Service Name:	Chief/Director:	Phone Number:

Select the items that you currently possess (Copies are required):

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> EMT-Paramedic | <input type="checkbox"/> EMT | <input type="checkbox"/> First Responder | <input type="checkbox"/> PHRN/Healthcare Professional |
| <input type="checkbox"/> Essentials of Firefighting | <input type="checkbox"/> VRT | <input type="checkbox"/> Haz-Mat Ops. | <input type="checkbox"/> Pump Operations |
| <input type="checkbox"/> FF I | <input type="checkbox"/> FF II | <input type="checkbox"/> PHTLS/BTLS/ITLS | <input type="checkbox"/> Truck Company Operations |
| <input type="checkbox"/> ACLS | <input type="checkbox"/> PALS | <input type="checkbox"/> BVR | <input type="checkbox"/> EVOC |
| <input type="checkbox"/> CPR | <input type="checkbox"/> UPMC Command | <input type="checkbox"/> SVR | |

** The Fire Department of North Versailles does not discriminate because of age, race, color, religion, gender, national origin, or disability*

EMPLOYMENT

1) Time Employed (Mo/Yr.) From: To:		Employer's COMPLETE Name:	
Type of Business:		Employer's COMPLETE Address:	
Position, Title and Duties (Describe in Detail)			
		Salary: Starting	Final:
Supervisor's Name & Title:		Phone Number:	Reason for leaving:
2) Time Employed (Mo/Yr.) From: To:		Employer's COMPLETE Name:	
Type of Business:		Employer's COMPLETE Address:	
Position, Title and Duties (Describe in Detail)			
		Salary: Starting	Final:
Supervisor's Name & Title:		Phone Number:	Reason for leaving:
3) Time Employed (Mo/Yr.) From: To:		Employer's COMPLETE Name:	
Type of Business:		Employer's COMPLETE Address:	
Position, Title and Duties (Describe in Detail)			
		Salary: Starting	Final:
Supervisor's Name & Title:		Phone Number:	Reason for leaving:
4) Time Employed (Mo/Yr.) From: To:		Employer's COMPLETE Name:	
Type of Business:		Employer's COMPLETE Address:	
Position, Title and Duties (Describe in Detail)			
		Salary: Starting	Final:
Supervisor's Name & Title:		Phone Number:	Reason for leaving:

DRIVING/CRIMINAL HISTORY

Have you been convicted of any violations of the PA Motor Vehicle Code in the past THREE years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have your operating privileges ever been suspended/revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any violation of the PA Crimes Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered yes to ANY of the questions above regarding Driving/Criminal History, you must supply the following information:

Explanation of Charges/Violations:
Date and Location of Offense(s):

- An original PA State Police Request For Criminal Record Check (Form: SP 4-164) filled out in its entirety.
- An original PA State Police Criminal Record Attachment (Form: SP 4-1378).
- Notarized copy of relevant court documents showing dates, outcome and any conditions set forth by the courts.

PERSONAL REFERENCES

Name (Other than relative or employer)	Address	Phone Number	Occupation

CERTIFICATION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements of this application shall be considered sufficient cause for dismissal. You are hereby authorized to make investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

SIGNATURE: _____ Date: _____

DEPARTMENTAL USE ONLY		
Date Received by Administration:	Background Check Completed:	
Results of Background Check:		
Application – Accepted or Rejected:	Date Accepted or Declined:	Probation Period:

PROBATION	
Probation Ending Date:	Probation Extended: (If yes, provide extension date)
Administration acceptance to full employment:	

FIRE DEPARTMENT OF NORTH VERSAILLES

PERMISSION TO INVESTIGATE

To Whom it May Concern:

I, _____, have made application for a position with the Fire Department of North Versailles, Allegheny County, Pennsylvania. I do hereby authorize the Fire Department of North Versailles to conduct an investigation into all phases and aspects of my character and background as they may relate to the position for which I am applying.

Further, I waive my rights to privacy and release all individuals and organizations from any and all liability relative to this investigation, and hereby permit the release of all records and information as they may relate to the position for which I am applying.

Signature of Applicant

Date