

Fire Department of North Versailles

Application for Employment/Membership

Type and rank of membership applying for:		
Rank: <input type="checkbox"/> Senior (18+ yrs. old) <input type="checkbox"/> Junior (16-17 yrs. old) <input type="checkbox"/> Cadet (14-15 yrs. old)		
Position: <input type="checkbox"/> Fire/Rescue/EMS <input type="checkbox"/> Fire/Rescue Only <input type="checkbox"/> EMS Only <input type="checkbox"/> Administrative <input type="checkbox"/> Career Staff (Paid Employment)		
If Volunteer Application (Which Station are you requesting assignment to) <input type="checkbox"/> Station 210 (Dixon) <input type="checkbox"/> Station 213 (Sunset-Central) <input type="checkbox"/> Station 214 (Green Valley)		
Sponsorship by: _____		Date: _____

PERSONAL INFORMATION		
Name of Applicant: _____		
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Social Security Number: _____	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 by the Fire Department of North Versailles? Yes No

If yes, Position/Title: _____ Department: _____

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 Incl. 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 Certifications that you currently possess (Copies are required):		
<input type="checkbox"/> EMT-Paramedic	<input type="checkbox"/> EMT	<input type="checkbox"/> First Responder
<input type="checkbox"/> Essentials of Firefighting	<input type="checkbox"/> VRT	<input type="checkbox"/> Haz-Mat Ops.
<input type="checkbox"/> ACLS	<input type="checkbox"/> PALS	<input type="checkbox"/> PHTLS/BTLS
<input type="checkbox"/> CPR	<input type="checkbox"/> EVOC	<input type="checkbox"/> McKeesport Command
		<input type="checkbox"/> PHRN/Healthcare Professional
		<input type="checkbox"/> Pump Operations
		<input type="checkbox"/> Truck Co. Operations
		<input type="checkbox"/> SVR

** 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:

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
Has 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 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 (3-91)) filled out in it's 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: _____

** NOTE: The provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.*

DEPARTMENTAL USE ONLY		
Date Received by Administration/Membership:	Background Check Completed:	
Results of Background Check:		
Application – Accepted or Rejected:	Date Accepted or Declined:	Probation Period:
Comments:		
PROBATION		
Probation Ending Date:	Probation Extended: (If yes, provide extension date) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Membership/Administration acceptance to full membership/Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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.

Date

Signature of Applicant

**North Versailles Township Police
1401 Greensburg Avenue
North Versailles, PA 15137
412-823-1111**

BACKGROUND CHECK (Local Only)

I, _____, give my permission for the North Versailles Township Police Department to make a Background Check (local only) on me for the Fire Department of North Versailles - membership.

CURRENT ADDRESS

PREVIOUS ADDRESS

Phone #: _____

Social Security #: _____

Date of Birth: _____

NO RECORD

RECORD

Signature: _____

Date: _____

Time: _____

Signature of Records Clerk: _____

Date: _____

Time: _____