



Northern York County Fire Rescue and EMS

Mailing Address: 109 South Baltimore St. Dillsburg, PA 17019

Dillsburg Station: 109 South Baltimore Street, Dillsburg, PA 17019

Phone 717.432.3281

Emergency – Dial 911

Franklintown Station: 107 Baltimore Rd. Franklintown, PA 17017

Phone 717.432.1464

Emergency – Dial 911

Visit us at: www.northernYorkCountyFire.com

Employment Application

APPLICANT INFORMATION			
Last Name:	First:	M.I. :	
Street Address:		Years at Address:	
City:	State:	ZIP:	
Previous Address:		Years at Address:	
City:	State:	ZIP:	
Phone:		Email:	
United States Citizen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you Currently Employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, May we contact your current Employer Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a crime other than a minor traffic violation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Explain on a separate sheet of paper and attach to application:
Do you have a valid PA Driver's License	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, list your driver's number:
Do you have a valid PA Commercial Driver's License (CDL)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you over 21 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Can you perform essential functions of the position applied for as stated in position posting? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION			
High School:		Address:	
From:	To:	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Address:	
From:	To:	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College School: Graduate		Address:	
From:	To:	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Trade / Vocational Business School:		Address:	
From:	To:	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

MILITARY SERVICE	
Branch:	From: To:
Highest Rank Achieved:	Type and Date of Discharge or Separation:
Are you a present member of the National Guard or Reserves?	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT – PLEASE LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH CURRENT/MOST RECENT	
Company	Phone:
Address:	Supervisor:
Job Title:	Salary/Wage:
From: To:	Reason for Leaving:
Company	Phone:
Address:	Supervisor:
Job Title:	Salary/Wage:
From: To:	Reason for Leaving:
Company	Phone:
Address:	Supervisor:
Job Title:	Salary/Wage:
From: To:	Reason for Leaving:

QUALIFICATIONS, CERTIFICATIONS AND TRAINING EXPERIENCE – LIST ANY THAT APPLY	
(ProBoard Preferred but not required) – Certificates required upon interview	
ICS / NIMS – 700, 800, 100, 200	YES <input type="checkbox"/> NO <input type="checkbox"/>
First Aid / CPR / AED	YES <input type="checkbox"/> NO <input type="checkbox"/>
EVOC	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hazmat Awareness and Operations	YES <input type="checkbox"/> NO <input type="checkbox"/> PROBOARD <input type="checkbox"/>
Firefighter I	YES <input type="checkbox"/> NO <input type="checkbox"/> PROBOARD <input type="checkbox"/>
Firefighter II	YES <input type="checkbox"/> NO <input type="checkbox"/> PROBOARD <input type="checkbox"/>
Vehicle Rescue Operations (Hydraulic / Electric Tools)	YES <input type="checkbox"/> NO <input type="checkbox"/> PROBOARD <input type="checkbox"/>
Vehicle Rescue Technician	YES <input type="checkbox"/> NO <input type="checkbox"/> PROBOARD <input type="checkbox"/>
Pump Operations I and II (32 Hours)	YES <input type="checkbox"/> NO <input type="checkbox"/> PROBOARD <input type="checkbox"/>
Truck Company Operations I (16 Hours)	YES <input type="checkbox"/> NO <input type="checkbox"/> PROBOARD <input type="checkbox"/>
Aerial Apparatus Practices (16 Hours)	YES <input type="checkbox"/> NO <input type="checkbox"/> PROBOARD <input type="checkbox"/>
Others (Documentation/Certificates Required at Time of Interview) :	

PERSONAL REFERENCES - PLEASE LIST THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR		
Name:	Occupation:	Years Known:
Address:		Phone:
Name:	Occupation:	Years Known:
Address:		Phone:
Name:	Occupation:	Years Known:
Address:		Phone:

FIRE – RESCUE REFERENCES - PLEASE LIST THREE PERSONS, NOT RELATED TO YOU, AND THEIR RESPECTIVE FIRE DEPARTMENT WITH WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR. SENIOR OFFICERS RECOMMENDED		
Name:	Position:	Years Known:
Department:		
Address:		Phone:
Name:	Position:	Years Known:
Department:		
Address:		Phone:
Name:	Position:	Years Known:
Department:		
Address:		Phone:

DISCLAIMER AND SIGNATURE:
I understand and certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements and references contained in this application. I understand that completion of this application does not guarantee an interview or employment.
Signature: _____ Date: _____
Northern York County Fire, Rescue and EMS recognize and embrace the concept of Equal Employment Opportunity. It is the Company’s intent to recruit and hire persons without regard to race, color, religion, gender, national origin, age, non-job related disabilities or any other legally protected status.

----- DO NOT WRITE BELOW THIS LINE – THIS AREA FOR DEPARTMENT USE ONLY -----

Received by: _____ Date: _____