

Eureka Fire Rescue and EMS
304 Third Avenue
Tarentum, PA 15084
(724)224-1499
Application of Acceptance

Due to the nature of our business, it is necessary to attain detailed information about you and your ability to serve with our department. In the following pages you will be asked very personal information that will be held confidential by Eureka. Some of the reasons this information is being requested is as follows:

1. Verify eligibility, sincerity, experience and abilities.
 2. Ensure that you are legal to work in the United States of America.
 3. Ensure that you are not a fugitive from justice or have committed any acts that do not meet the ethical standards set forth by Eureka, the PA DOH and any Training or Education Center recognized by this Commonwealth.
 4. Ensure that you are physically capable of completing assigned tasks.
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Last Name _____ First Name _____ Middle Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone () _____ Other: () _____

Email: _____

Date of Birth ____/____/____ Male Female

Social Security Number: _____

Do you have a valid Pennsylvania Driver License: Yes No

Driver License Number _____ Exp: ____/____/____ Class: _____

Have you ever had your license suspended for any reason (including DUI related offenses):

Yes No (if yes, explain on separate sheet)

Do you now or have you ever had any speeding tickets or motor vehicle violations including the assessment of points to your license: Yes No Points: Yes No (if yes explain on separate sheet)

Do you have reliable transportation: Yes No

Are you now or have you ever been a member of any Fire Department, rescue Squad or Emergency Medical services organization? Yes No If yes, list where and when (also include any reason for departure)

Employment Information:

In what capacity would you like to serve with Eureka?

EMT

Paramedic

Volunteer

Career

Other _____

If Career: Part-Time

Full-Time

Current Employer: _____

Address _____ PO Box _____

City _____ State _____ Zip _____

Supervisor _____ Title _____ Phone () _____

Your current position _____

May we contact above employer: Yes No

Have you ever been placed on probation, suspension or had any disciplinary action taken against you in the workplace: Yes No (if yes, explain on separate sheet)

Have you ever been accused or charged with sexual harassment or any other offenses related to harassment: Yes No (if yes, explain on separate sheet)

List any other places of employment, volunteer work either part or full time:

Education

High School Graduate: Yes No (if No, do you have a GED? Yes No)

High School Attended: _____

Location _____
Graduating GPA _____ Course of Study _____ Year Graduated: _____

College of Trade Schools Attended: Yes No Degree: _____

Location: _____ What was your degree or specialty: _____

Graduating GPA _____ Year _____

EMT Certification: Yes No

Paramedic Certification: Yes No

If yes, certification number _____

Exp. _____ State _____

CPR Card: Yes No Exp. _____

ACLS: Yes No Exp. _____

BTLS: Yes No Exp. _____

PALS: Yes No Exp. _____

Please list any certificates, licenses and or qualifications that you have obtained, including specialty certifications that you feel is relevant to the scope of this type of work:

Detailed Information

Have you ever been convicted of a crime up to and including any felonies? Yes No

Are you now or have you ever been convicted of domestic violence? Yes No

Are you now or have you ever been the subject of a restraining order? Yes No

Have you ever been terminated from any place of employment? Yes No

Have you ever been the subject of a medical malpractice investigation? Yes No

Have you ever been suspended from service as a result of your actions while performing healthcare related duties? Yes No

Have you ever been convicted of Medicare Fraud? Yes No

Are you now or have you ever been addicted to medications or illegal drugs? Yes No

Are you now or have you ever been addicted to alcohol? Yes No

Have you now or have you ever claimed Workers' Compensation? Yes No

(Any above questions answered "yes" must have an explanation attached)

List any agencies that hold copies of your fingerprints:

Typical tasks may include the movement of heavy medical, fire and rescue equipment while wearing full protective gear in addition to performing the physical rescue of a patient. Do you feel you are prepared for such tasks?

Yes No Unsure, willing to give maximum effort

This service may require you to exert extreme physical effort over extended periods of time and in uncontrollable environments. Do you feel you are prepared for such assignments?

Yes No Unsure, willing to give maximum effort

Do you have any medical conditions or illnesses that may affect your ability to service as an Emergency Medical Specialist, Rescue Tech. or Firefighter?

Yes No (If Yes, Please State Condition _____)

What do you feel makes you a desirable candidate and favorable for acceptance?

References:

List at least two references not related to and currently not living with you:

Name: _____ Relation _____ Phone () _____

Name: _____ Relation _____ Phone () _____

Name: _____ Relation _____ Phone () _____

I hereby affirm that this application contains no willful misrepresentations or falsifications, and that this information given by me is true and has been completed to the best of my knowledge and belief. I am aware that should any investigation at any time disclose my misrepresentation or falsification, this may be sufficient cause for rejection and/or termination. We reserve the right to accept or reject any application.

Signature: _____

Date: _____

Release and Permit to Investigate

I, _____, on this _____ day of _____, in the year _____, hereby authorize Eureka Fire Rescue and EMS to do a complete Criminal Background Record on me; and further to do any other form of investigation of my background, including, but not limited to interviewing, calling, or writing to past and present neighbors, employers, schools and local police departments where I have lived or studied.

Signature: _____ Date: _____

Witnesses: _____

Office Use Only:

Received on _____ By _____
