

EUREKA FIRE, RESCUE and E.M.S. APPLICATION FOR 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 as confidential by Eureka. Some of the reasons this information is being requested is as follows:

- **Verify your eligibility, sincerity experience and abilities.
- **Ensure that you are legal to work in the United States of America.
- **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.
- **Ensure that you are physically capable of completing assigned tasks.

LAST NAME:_____ FIRST:_____ MI:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

HOME PHONE:(____)_____ OTHER:(____)_____

E-MAIL ADDRESS:_____

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 Ayes@ 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? Y___ N___
If yes, list where and when (also include any reason for departure):

EMPLOYMENT INFORMATION

In what capacity would you like to serve with Eureka:

Volunteer: _____ Career EMT: _____ Career Paramedic: _____ Other: _____

Current Employer: _____

Address: _____ City: _____ State: ___ Zip: _____

Supervisor: _____ Title: _____ Phone: (____) _____

Your current position: _____ Phone : (____) _____

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 Ayes@ explain on separate sheet)

Have you ever been accused or charged of 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 ventures:

EDUCATION

High school graduate: Yes___ No___ Diploma or GED:_____

High school attended:_____

Location:_____

Graduating QPA:_____ Course of study:_____ Year:_____

College or Trade Schools attended: Yes___ No___ Degree:_____

College or Trade school:_____

Location:_____

What was your degree or specialty:_____

Graduating QPA:_____ Year:_____

Please list any Certificates, Licenses and or Qualifications that you have obtained: (please provide copies of relevant certifications)

EMT Certification: Yes___ No___ Exp:_____ EMT-P Certification: Yes___ No___

EMT Cert. Number:_____ EMT-P Cert. Number:_____ State:_____

CPR Professional rescuer: Yes___ No___ Expiration date:_____

ACLS: Yes___ No___ Exp:_____ BTLs: Yes___ No___ Exp:_____

PALS: Yes___ No___ Exp:_____

Specialty certifications: (this includes anything other than EMS, FF-1, Rescue cert. of any type and/or anything you may feel is relevant to the scope of this type of work)

DETAILED INFORMATION

This section is to ensure that you are not a fugitive from justice or have committed any acts that do not meet the ethical standards of EUREKA.

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 Worker's 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 effect your ability to serve as an Emergency Medical Specialist, Rescue Tech., or Firefighter?

Yes___ No___

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

REFERENCES

List 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.

Signature:_____ Date:_____

EUREKA and its subsidiaries in part or in whole are committed to Equal Opportunity Employment/EOE.

PACKET #:_____ DATE:_____ INITIALS:_____

Release and Permit to Investigate

I, _____, on this _____ day of _____, 20____, 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:

