

**EUREKA FIRE RESCUE AND EMS**  
**304 THIRD AVENUE**  
**(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: \_\_\_\_\_

*(Effective December 31, 2014, Pennsylvania amended the state's Child Protective Services Law and declared every "emergency medical services provider certified by the Department of Health," all individuals who "accept responsibility for a child," and all others who may have "direct contact with children" to be mandatory reporters of suspected child abuse. 23 Pa.C.S. § 6311. Under the changes to the Child Protective Services Law, all mandatory reporters of suspected child abuse must obtain criminal background checks and child abuse clearances. The amendments to the Child Protective Services Law require all prospective and current adults working in a paid or unpaid capacity "who have direct contact with children or who are responsible for the welfare of a child" (under 18 years of age) as well as all EMS providers (regardless of whether they are paid or unpaid) and other paid personnel to obtain both criminal background check and child abuse clearances once every 36 months. 23 Pa.C.S. § 6344.4(1)(i). "Direct contact with Children" is defined in the Child Protective Services Law as "the care, supervision, guidance or control of children, or routine interaction with children". 23 Pa.C.S. § 6303.*

*These background checks are required for adults and are conducted to determine if a volunteer or employee has been convicted of any serious felonies or sex crimes, or has been identified as a perpetrator in a substantiated case of child abuse. 23 Pa.C.S. § 6344(c)(2). Also, any convictions of a drug offense within the past five years will also disqualify an individual from serving as a volunteer who works with children. 23 Pa.C.S. § 6344(c)(3).)*

(Eureka Fire Rescue and EMS needs the following information to obtain a criminal background check):

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

Social Security Number: \_\_\_\_\_  
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Do you have a valid Driver License: Yes  No

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

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 have reliable transportation? Yes  No

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

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**Employment Information:**

In what capacity would you like to serve with Eureka?

- |                                       |                                    |                                    |
|---------------------------------------|------------------------------------|------------------------------------|
| 1. EMT-B <input type="checkbox"/>     | EMT-A <input type="checkbox"/>     | EMT-P <input type="checkbox"/>     |
| 2. Volunteer <input type="checkbox"/> | Reserve <input type="checkbox"/>   | Career <input type="checkbox"/>    |
| If Career: <input type="checkbox"/>   | Part-Time <input type="checkbox"/> | Full-Time <input type="checkbox"/> |

Current Employer: \_\_\_\_\_  
Address \_\_\_\_\_ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Your current Position \_\_\_\_\_

May we contact you current 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 (either part-time or full-time)

Employer: \_\_\_\_\_  
Address \_\_\_\_\_ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Position: \_\_\_\_\_

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Employer: \_\_\_\_\_  
Address \_\_\_\_\_ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Position: \_\_\_\_\_

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**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 or Trade Schools Attended:

School Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduating GPA: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

School Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduating GPA: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Are you currently an: EMT-B  EMT-A  EMT-P  (I am neither of these )

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

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**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

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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:

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Typical tasks may include the movement or 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?

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In my free time I like to:

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**References:**

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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I hereby affirm that this application contains no willful misrepresentations or falsifications, and that this information given by me is true and had 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: \_\_\_\_\_

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Office Use Only:

Received on: \_\_\_\_\_

By: \_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_