



APPLICATION FOR EMPLOYMENT

BOROUGH OF EMMAUS FIRE DEPARTMENT

28 S. 4TH STREET
EMMAUS, PA 18049



We consider applications for all positions without regard to age, race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. We are an equal opportunity employer.

(PLEASE PRINT)

Position (s) Applied For: <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Fire Police <input type="checkbox"/> Other: _____	Date of Application:
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____	

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Email Address:		Social Security Number (voluntary)
Driver's License Number:			DL State:		Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No

Best time to contact you is: _____ : _____ AM / PM

Are you 18 Years of Age or Older? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No
If Yes, give date: _____

Do any of your friends or relatives work here? ☐ Yes ☐ No
If Yes, who? _____

Are you currently employed? ☐ Yes ☐ No
If Yes, may we contact your present employer? ☐ Yes ☐ No

Have you every been convicted of a felony? ☐ Yes ☐ No
If Yes, please explain nature of felony and list date of conviction: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date available for for work: ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
Part-time (please indicate 1 2 3 shift)
Temporary (please indicate dates available ____ / ____ / ____ - ____ / ____ / ____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military. Are you considered a veteran?

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate / Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate / Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate / Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

PRESENT AND PAST EMERGENCY SERVICES EXPERIENCE

Present & Past Affiliations in Emergency Services

Agency Name	Position	Dates (From / To)	
Agency Address	City	State	Zip Code
Agency Name	Position	Dates (From / To)	
Agency Address	City	State	Zip Code
Agency Name	Position	Dates (From / To)	
Agency Address	City	State	Zip Code

State or National Certifications or Training

Certificate / Class Title	Issuing Body	Date:

PLEASE ATTACH COPIES OF ALL CERTIFICATIONS AND TRAINING RECORDS TO THIS APPLICATION.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS / EQUIPMENT OPERATED)

<input type="checkbox"/> CPR	<input type="checkbox"/> Microsoft Office	Type of Apparatus or Equipment Operated (List):	FEMA Classes:
<input type="checkbox"/> PA Firefighter I	<input type="checkbox"/> PA Vehicle Rescue Tech	<hr/>	<hr/>
<input type="checkbox"/> PA EMR	<input type="checkbox"/> PA EMT	<hr/>	<hr/>
<input type="checkbox"/> Hazmat Awareness	<input type="checkbox"/> Hazmat Operations	<hr/>	<hr/>
		<hr/>	<hr/>
		<hr/>	<hr/>

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING!

Can you perform the essential functions and duties of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

REFERENCES

1.	<hr/> (Name)	(<hr/>)	<hr/> Phone #
	<hr/> (Address)		
2.	<hr/> (Name)	(<hr/>)	<hr/> Phone #
	<hr/> (Address)		
3.	<hr/> (Name)	(<hr/>)	<hr/> Phone #
	<hr/> (Address)		

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For:

Date: _____

Applicant Name: _____

Position Applying For: _____

Date of Application: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

INTERVIEWER

DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Salary / Rate _____ Department _____

By: _____
Name and Title Date