



Levittown-Fairless Hills Rescue Squad, Inc.

7405 New Falls Road - Levittown, PA 19055-1008 - (215) 547-2822

Please visit our website on the internet at www.lfhirs.com

Application For Employment

Thank you for choosing to complete an employment application for Levittown Fairless Hills Rescue Squad (LFHRS). Once your application is submitted, LFHRS staff will review your information and contact your references. Once references are completed and upon determining your eligibility, you will be contacted by phone and/or email address to schedule an interview. The following criteria must be met before completing the application:

- Must be at least 18 years of age
- Must have valid EMT, Paramedic or PHRN certification
- Must be authorized to work in the United States
- Must have a valid driver's license

Please note: All sections of the application need to be completed. Any missing information can cause a delay in the processing of your application. Feel free to call 215-547-2822 x 130 or email lfhrs@lfhirs.com with questions about the application and hiring process.

Thank You for your interest in Levittown Fairless Hills Rescue Squad.

You will be hearing from us in the very near future.

Levittown-Fairless Hills Rescue Squad, Inc.

DATE:

Employment Application

THIS APPLICATION WILL BE KEPT ON FILE FOR A PERIOD OF NOT GREATER THAN SIX MONTHS OF THE DATE SUBMITTED.

LFHRS is an equal opportunity employer. We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, genetic information or any other factor protected by law.

SECTION 1- PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
ADDRESS			
CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER		CELL PHONE NUMBER	
VALID DRIVER'S LICENSE Yes No	WORK PHONE NUMBER	EMAIL ADDRESS	
Are you at least 18 years of age? Yes No You must be at least 18 years old to be employed by LFHRS.			

SECTION 2- REFERENCES

(Please list at least three references – Do not include current or former LFHRS members or relatives)

NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER

SECTION 3- CERTIFICATIONS

Type	Cert Number	Expires	Type	Cert Number	Expires
AFA	N/A		ACLS	N/A	
FR	N/A		PALS	N/A	
EMT	N/A		BTLS	N/A	
EMT-P	N/A		PHTLS	N/A	
HP	N/A		EVOC	N/A	
CPR	N/A		HAZMAT	N/A	
FF	N/A		HEP-B	N/A	
I.C.S	N/A		OTHER:	N/A	

Please attach a copy of **all certifications, driver's license, and any other pertinent documents**. If the documents are not available to be attached at the time of submission of the application, please forward them to our Administrative Manager.

SECTION 4- EMPLOYMENT HISTORY

EMPLOYER		FROM	TO
ADDRESS	TELEPHONE NUMBER	SUPERVISOR'S NAME	
REASON FOR LEAVING		STARTING HOURLY RATE/SALARY	ENDING HOURLY RATE/SALARY
EMPLOYER		FROM	TO
ADDRESS	TELEPHONE NUMBER	SUPERVISOR'S NAME	
REASON FOR LEAVING		STARTING HOURLY RATE/SALARY	ENDING HOURLY RATE/SALARY
EMPLOYER		FROM	TO
ADDRESS	TELEPHONE NUMBER	SUPERVISOR'S NAME	
REASON FOR LEAVING		STARTING HOURLY RATE/SALARY	ENDING HOURLY RATE/SALARY

SECTION 5- EMPLOYMENT INFORMATION

POSITION APPLIED FOR:			Have you ever worked for L.F.H.R.S. before? Yes No	
If Yes, when?	FROM	TO	POSITION YOU HELD	
REASON FOR LEAVING?				
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?				Yes No

PROOF OF IDENTITY AND LEGAL RIGHT TO WORK IN THE UNITED STATES IS REQUIRED IF HIRED.

INDICATE ANY SPECIAL QUALIFICATIONS OR SKILLS THAT WOULD BENEFIT THE SQUAD IF YOU WERE TO BECOME EMPLOYED.

SECTION 6- EDUCATION

GRAMMAR SCHOOL			
ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL			
ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA

VOCATIONAL OR OTHER TRAINING			
ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA

COLLEGE			
ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE SCHOOL			
ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA

SECTION 7- GENERAL INFORMATION

REFERRED BY:	DO YOU HAVE ANY FRIENDS OR RELATIVES THAT ARE CURRENTLY WORKING OR VOLUNTEERING FOR THE SQUAD?	Yes	No
IF SO, WHO?			
PLEASE EXPLAIN WHY YOU WANT TO BECOME A MEMBER WITH OUR RESCUE SQUAD:			

SECTION 8- EMERGENCY SERVICES EXPERIENCE

DRIVING: Are you currently an emergency driver at any other emergency service(s)?	Yes	No
IF YES, WHERE?		
PARAMEDICS: Do you have Bucks County command status? Yes No If Yes, when was it obtained? _____		
Do you have Command Status in any other region? Yes No		
IF YES, WHERE AND WHEN WAS IT OBTAINED?		
WHO WERE YOUR PRECEPTORS? - 1	2	

LIST MEMBERSHIPS WITH ANY OTHER EMERGENCY SERVICES THAT YOU BELONG: (AMBULANCE, FIRE DEPT, POLICE DEPT, ETC.)		N/A
AFFILIATE- 1	TELEPHONE NUMBER	
AFFILIATE- 2	TELEPHONE NUMBER	
AFFILIATE- 3	TELEPHONE NUMBER	
AFFILIATE- 4	TELEPHONE NUMBER	
SECTION 9- BACKGROUND CLEARANCES		

Has your driver’s license ever been suspended or revoked? (If yes, please explain in detail): _____

Have you ever been convicted of any crime (including misdemeanor or felony) and/or for any motor vehicle violations in Pennsylvania or any other state? (If yes, please explain in detail): _____

LFHRS will conduct reference, educational, and other checks on all applicants. In addition, all applicants for employment must provide LFHRS with four (4) specific background clearances once an offer of employment has been made.

LFHRS requires the following background clearances:

1. The Pennsylvania State Police Criminal Record Check;
2. The Pennsylvania Child Abuse History Clearance;
3. The Federal Bureau of Investigation Criminal Background Check; and
4. The Pennsylvania Driving Record Check.

I understand that any falsification of any information automatically voids my application. I hereby give Levittown-Fairless Hills Rescue Squad and their employees, representatives or agents, and the local police department(s) permission to investigate my criminal and other background and obtain any information deemed to be necessary for the completion of this application.

SIGNATURE OF APPLICANT

DATE

SECTION 10- APPLICATION CERTIFICATION AND ACKNOWLEDGEMENT

I hereby certify that the information set forth in this application are true and complete and agree to the following:

I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that if any statement made by me on this application or during the pre-hire/approval process is false, misleading, or a material omission, it will prevent me from being hired or approved for other position or, if hired or approved, it will be grounds for my immediate dismissal, regardless of when discovered by LFHRS.

I also understand that any offer of employment or volunteer position for any individual over the age of 18 is conditional upon satisfactory background clearances. I further understand that any offer of employment or approval for any other position is conditional upon a negative drug and alcohol test. If the background clearances or drug and alcohol testing is not satisfactory to LFHRS, the offer of employment or approval of other status will be withdrawn or, if I have been subsequently employed or approved, employment or other status may be terminated.

I expressly authorize, without reservation, LFHRS, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have against LFHRS, its agents, employees or representatives, for seeking, gathering and using this information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

In consideration of my employment or position, I agree to conform to LFHRS's policies and regulations, and I understand that these policies/regulations, forms/documents and/or the employee handbook do not form a contract of employment or any other contract, either express or implied. I also understand that any employment with LFHRS is at-will and the employment status can be terminated or changed, with or without cause and with or without notice, at any time. I also understand that any other position may be terminated or changed at any time, with or without cause or notice.

Employment:

You must be at least 18 years of age and certified as an EMT, Paramedic or PHRN in order to become employed with the Levittown-Fairless Hills Rescue Squad, Inc.

I expressly agree to the Application Certification and Acknowledgment above.

SIGNATURE OF APPLICANT

DATE

SECTION 11- DRUG AND ALCOHOL TESTING CONSENT FORM

EXHIBIT A

Levittown-Fairless Hills Rescue Squad's Drug and Alcohol Policy (“the Policy”) requires that all applicants, as a condition of employment or other status, be tested for the presence of alcohol or illegal drugs. Levittown-Fairless Hills Rescue Squad will not hire or approve any applicant whose test indicates use of illegal drugs or the presence of alcohol. If you wish to be considered for employment or other status, **CAREFULLY** read the attached Drug and Alcohol Policy and sign the following consent form and release.

I HAVE READ AND UNDERSTOOD THE LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD DRUG AND ALCOHOL POLICY AND THIS TESTING CONSENT FORM. I ACCEPT LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD’S CONDITIONS FOR CONSIDERATION FOR EMPLOYMENT OR OTHER STATUS, AND I AGREE TO BE TESTED FOR THE PRESENCE OF ALCOHOL OR ILLEGAL DRUGS. I AUTHORIZE THE TESTING AGENCY TO PROVIDE THE TEST RESULT TO LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD. I ACKNOWLEDGE THAT LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD IS NOT REQUIRED TO PROVIDE THE TEST RESULT TO ME UNLESS I SO REQUEST WITHIN 30 DAYS AFTER I AM NOTIFIED OF THE DISPOSITION OF MY APPLICATION. I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD'S DRUG AND ALCOHOL POLICY PRIOR TO SIGNING THIS CONSENT FORM. I HEREBY RELEASE AND FOREVER DISCHARGE LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD AND ITS AFFILIATES, BOARD MEMBERS, EMPLOYEES, REPRESENTATIVES AND/OR AGENTS FROM ANY CLAIM, LIABILITY OR OBLIGATION RELATED TO THE APPLICATION OF THIS POLICY, TESTING FOR ALCOHOL OR ILLEGAL DRUGS, USE OF INFORMATION FROM THE TESTS OR RELEASE OF SUCH INFORMATION.

Name of Applicant (Please Print)

Signature of Applicant

Date

******* DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY *******

ACTIVITY	DATE	COMMENTS
Application received		
References contacted		
Interviewed		
Clearances received		
Hired <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		
Orientation		
MISCELLANEOUS INFORMATION & COMMENTS		