



Pleasant Gap Fire Company No. 1 Fire – Rescue - EMS

475 Robinson Lane, Pleasant Gap, PA 16823
Phone (814) 359-2102 Fax (814) 359-4110



MEMBERSHIP/EMPLOYMENT APPLICATION

Pleasant Gap Fire Company No. 1 (“PLEASANT GAP FIRE COMPANY”) considers applications for membership/employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship, ancestry, political belief, or any characteristic protected by law. PLEASANT GAP FIRE COMPANY IS A DRUG-FREE WORKPLACE.

Choose only one category for this application

Active Membership*

- Volunteer Fire/EMS
- Volunteer Junior
16-17 years old

Volunteer EMS

- Auxiliary EMS

Paid Employment:

- Full-Time EMS
- Part-Time EMS

*Active Membership applications require residency in our 1st Due Response Area

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Other Phone/Email: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

If you are not at least 18 years of age, a parent or legal guardian must sign this Application and, if you are still in high school, you must attach a work certificate and the parental permission slip to this Application.

What motivated you to apply for membership in/employment with PLEASANT GAP FIRE COMPANY?

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Please list any relatives or friends who are members or employees of PLEASANT GAP FIRE COMPANY:

FIRE/EMS EXPERIENCE

Have you ever been a member or employee of PLEASANT GAP FIRE COMPANY or any other ambulance, fire company or public safety organization in the past? If so, indicate the name and location of the company, dates of membership/employment, and reason for leaving:

CERTIFICATION INFORMATION (List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMR/EMT/AEMT/EMT-P			
EMS-VO			

GENERAL INFORMATION

Can you provide proof, if accepted as a probationary member/offered employment, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO

Driver's License #: _____ Class _____ State Issued: _____

Have you had any moving violations (convictions), accidents, suspensions or revocations of your license in the last five years. If yes, please explain:

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense? YES NO

If yes, explain:

A conviction will not necessarily disqualify you from membership/employment.

Have you ever been excluded or are you currently excluded from being a participating provider in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain:

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EMPLOYMENT AND VOLUNTEER HISTORY
(List your last three employers/volunteer activities, starting with the most recent.)

I. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

II. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

III. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

MILITARY:

BRANCH	BEGAN	DISCHARGED	ENDING RANK & DUTIES

Explain any gaps in employment/volunteer history:

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As either a member or employee, have you ever been disciplined or terminated for:

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Reckless driving? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Excessive absenteeism? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Insubordination? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Violation of safety rules? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Assault or fighting? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Harassment or discrimination? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Patient abuse? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Alcohol or drug-related reasons? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other reasons? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you answered yes to any question above, please explain: _____

Answers of Yes for any of the above questions will not necessarily disqualify you from membership/employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name : _____ Address: _____
Graduation Date : _____ or GED Completed Date _____
If not yet graduated, highest grade completed : _____

COLLEGE OR TECHNICAL SCHOOL: Degree Level (A.S./B.A./B.S./M.S./Other _____)

Name : _____ Address: _____
Major/Program of Study: _____ Graduation: _____
or Number of credits/terms/years completed : _____

COLLEGE OR TECHNICAL SCHOOL: Degree Level (A.S./B.A./B.S./M.S./Other _____)

Name : _____ Address: _____
Major/Program of Study: _____ Graduation: _____
or Number of credits/terms/years completed : _____

COLLEGE OR TECHNICAL SCHOOL: Degree Level (A.S./B.A./B.S./M.S./Other _____)

Name : _____ Address: _____
Major/Program of Study: _____ Graduation: _____
or Number of credits/terms/years completed : _____

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Additional Fire/EMS Certifications or Licenses:

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

REFERENCES

List **three** persons, other than relatives, who have knowledge of your volunteer and/or work experience and/or education.

Name: _____ Address: _____

Occupation: _____

Telephone Number: _____ City/State: _____

Email Address: _____ Years Known: _____

Name: _____ Address: _____

Occupation: _____

Telephone Number: _____ City/State: _____

Email Address: _____ Years Known: _____

Name: _____ Address: _____

Occupation: _____

Telephone Number: _____ City/State: _____

Email Address: _____ Years Known: _____

List **two personal references** that have known you for at least three years outside of work.

Name: _____ Address: _____

How they know you: _____

Telephone Number: _____ City/State: _____

Email Address: _____ Years Known: _____

Name: _____ Address: _____

How they know you: _____

Telephone Number: _____ City/State: _____

Email Address: _____ Years Known: _____

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ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for denial of membership/employment or termination of membership/employment if I become a member or employee. I recognize that completion of this Application does not mean that I will be accepted as a member/employee and does not obligate Pleasant Gap Fire Company to accept me as a member/employee. Applications will remain active for six months, after which time re-application will be necessary. If accepted for membership/employment, I agree to abide by all rules, regulations and policies established by Pleasant Gap Fire Company and its officers and other persons in charge. I understand that, if accepted as a member, my membership is voluntary and may be terminated in accordance with the Pleasant Gap Fire Company Bylaws, policies, procedures and all applicable laws and regulations. I understand that, if accepted as an employee, my employment is at-will, which means either Pleasant Gap Fire Company or I can terminate the employment reason for any reason or no reason. This Application is not an agreement or contract for employment.

I hereby authorize Pleasant Gap Fire Company to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for membership/employment, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check, and other such inquiries. I release Pleasant Gap Fire Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my membership/employment with Pleasant Gap Fire Company may be terminated.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Signature of Parent or Legal Guardian (if under 18): _____