

**Download and complete the application.**

**When completed mail it to:**

**Rescue Hose Co. 1**

**ATTN: Personnel Committee**

**842 South Washington Street**

**Greencastle, PA 17225**

# RESCUE HOSE COMPANY #1

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## EMPLOYMENT APPLICATION

The Rescue Hose Company No. 1 considers applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, ancestry, political belief, or any characteristic protected by law.

THE RESCUE HOSE COMPANY IS A DRUG FREE WORKPLACE!

Type of Employment Applying for:

Full Time

Part-Time

Position applying for:

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PLEASE PRINT

### PERSONAL INFORMATION

Name:

DATE:

(Last)

(First)

(Middle)

Social Security Number:  Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City:

State:

Zip Code:

Contact telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Date available to start:  Are you at least 21 years old? YES NO

Do you have any friends or relatives who are members or are employed at the Rescue Hose Company?

Please List:

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# RESCUE HOSE COMPANY #1

**FIRE/EMS EXPERIENCE**

Have you ever been a member of the Rescue Hose Company #1 or any other EMS, fire company or public safety organization?

Please indicate name, location and dates of membership/employment and reason for leaving: \_\_\_\_\_

Certification/Training Information (List current certifications/training – photocopies required during the interview process)			
Certification	Certification Number	Expiration Date	Certifying/Training Agency
CPR			
EMT			
EMT-P			
National Registry			
BTLS			
EMD			
CDL			
EVOC			
EMSVO			
Fire Fighter I			
Fire Fighter II			
Driver/Operator-Pumper or Equivalent			
Rural Water Supply			
Haz-Mat Ops			
Vehicle Rescue			
Fire Officer I			
ICS 100			
ICS 200			
ICS 300			
ICS 400			
ICS 700			
ICS 800			

# RESCUE HOSE COMPANY #1

## GENERAL INFORMATION

Can you provide proof, if accepted as a probationary employee, that you are able to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: \_\_\_\_\_

Issued by what state?

Driver's License #

List all moving violations convictions and accidents over the last 5 years. For each violation provide the date of the conviction, and for each accident please provide the date, type of accident and if you were at fault:

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Have You ever:

	Yes (includes "No Contest" pleas)	No
1. Been convicted of a misdemeanor?		
2. Been convicted of a felony?		
3. Been convicted of DUI/DWI?		
4. Had your driver's license suspended or revoked?		
5. Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid?		

If you answered "Yes" to any of the questions above then please provide the date(s), location and circumstances: *(A conviction will not necessarily disqualify you from employment)*

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# RESCUE HOSE COMPANY #1

## EMPLOYMENT HISTORY

(List your last 3 employers beginning with the most recent)

I. Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job description (including duties and responsibilities):

\_\_\_\_\_

\_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_ 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 Number \_\_\_\_\_ 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 Number \_\_\_\_\_ May we contact? YES NO

Reason for leaving: \_\_\_\_\_

# RESCUE HOSE COMPANY #1

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Any gaps in employment history, explain:

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**MILITARY:**

BRANCH	Date Began	Date Ended	Rank	Job	Honorable Discharge	Date Discharged	Location

**Past Employment and Volunteer Activities**

Either as a member or employee, have you ever been:

	YES	NO
Disciplined or terminated for reckless driving?		
Disciplined or terminated for excessive absenteeism?		
Disciplined or terminated for insubordination?		
Disciplined or terminated for violation of safety rules?		
Disciplined or terminated for fighting or assault?		
Disciplined or terminated for harassment or discrimination?		
Disciplined or terminated for patient abuse?		
Disciplined or terminated for alcohol or substance abuse?		
Terminated for any other reason?		

If you answered YES to any of the questions above then please explain:

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*Answers of YES do not necessarily disqualify you from employment.*

# RESCUE HOSE COMPANY #1

## EDUATION AND TRAINING

### HIGH SCHOOL:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest grade completed \_\_\_\_\_

Have you received your GED? YES NO

### COLLEGE:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

### OTHER COLLEGE:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

### TECHNICAL SCHOOL:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed \_\_\_\_\_

CERTIFICATE: \_\_\_\_\_ LICENSE: \_\_\_\_\_

EXPIRES: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

# RESCUE HOSE COMPANY #1

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OTHER SCHOOL / TRAINING:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate? YES NO      If not, highest year completed \_\_\_\_\_

CERTIFICATE: \_\_\_\_\_ LICENSE: \_\_\_\_\_

EXPIRES: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

EMS/FIRE SERVICE RELATED TRAINING NOT PREVIOUSLY LISTED (Provide certificate of completion)

Other Fire/EMS Training not listed:

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EMS/FIRE/PROFESSIONAL Affiliations:

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

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What motivated you to apply for employment with The Rescue Hose Company? \_\_\_\_\_

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RESCUE HOSE COMPANY #1

REFERENCES

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone # (include area code) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone # (include area code) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone # (include area code) \_\_\_\_\_

RESCUE HOSE COMPANY #1

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone # (include area code) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone # (include area code) \_\_\_\_\_

# RESCUE HOSE COMPANY #1

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## ACKNOWLEDGEMENT

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 grounds for denial of employment if I become an employee. I recognize that completion of this Application does not mean that I will be accepted as an employee and does not obligate the Rescue Hose Company to accept me as an employee. Applications will remain active for six months after which time re-application will be necessary. If accepted as an employee, I agree to abide by all Rescue Hose Company policies and procedures and it's officers. I understand that if employed that I can be terminated in accordance with The Rescue Hose Company policies, procedures, Bylaws and all applicable laws and regulations. I understand that, if employed, it is an at-will position and can be terminated for cause. I also understand that, if employed, I agree to provide four weeks' notice for separation. This application is not an agreement or contract for employment.

If offered employment, I consent to medical examinations as may be required to determine my fitness to perform normal duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to provide urine, blood or hair samples prior to employment and again at any time during employment. Specimens will be treated for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any medical doctor, hospital or testing lab contracted by the Rescue Hose Company to conduct any medical test or examination as may be required and as a condition of employment. I, hereby, give my consent for the release of all information which the Rescue Hose Company deems necessary to determine my ability to perform my duties as assigned now or in the future.

I further understand that refusal to submit to alcohol or drug screening at any time will result in my immediate termination.

I hereby authorize The Rescue Hose Company to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary with this application for employment to include criminal history, driving history, child abuse clearance, elder abuse clearance, FBI background check and other such inquiries as may be necessary. I release The Rescue Hose Company and all informants from all liability resulting from such inquiries.

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 employment may be terminated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_