

# Blades Volunteer Fire Company-EMS

200 East 5<sup>th</sup> Street Blades, DE 19973

Phone 302-629-4896

## CAREER APPLICATION

Full Time NREMT \_\_\_\_\_

Part Time NREMT \_\_\_\_\_

Part Time Driver/EMR \_\_\_\_\_

## Personal Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

(optional)

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_ yes \_\_\_no

Are you now or have you ever been a member/employee of a Fire or Ambulance Company? If yes, please list those places:

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### Driving Record

Have you ever received a traffic ticket? If the response is yes please explain:

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Has your license ever been suspended or revoked? If the response is yes please explain:

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Have you ever been arrested for driving under the influence? \_\_\_\_\_

Criminal Record

Have you ever been arrested? If the response is yes please explain:

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Have you ever been convicted of a felony? If the response is yes please explain:

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Educational Information

High School: \_\_\_\_\_

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

College: \_\_\_\_\_

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

Other / Vocational Training (Other than Fire School)

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Military Record

Have you ever been in the Military? \_\_\_\_\_ What branch? \_\_\_\_\_

Type of Discharge? \_\_\_\_\_ Date of Service: \_\_\_\_\_

Current Reserve Status: \_\_\_\_\_

## Employment Record

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact: \_\_\_\_\_ Hourly Rate Starting: \_\_\_\_\_ Final: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact: \_\_\_\_\_ Hourly Rate Starting: \_\_\_\_\_ Final: \_\_\_\_\_

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

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Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact: \_\_\_\_\_ Hourly Rate Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact: \_\_\_\_\_ Hourly Rate Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### References

List 5 professional references none of which can be family

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Professional Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Professional Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Professional Relationship: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Professional Relationship: \_\_\_\_\_
5. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Professional Relationship: \_\_\_\_\_

Additional training not listed on your DSFS transcript

(Doesn't have to be medical related)

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- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_

Additional Questions

How long have you been an EMT or EMR? \_\_\_\_\_

How much EMS experience do you have? \_\_\_\_\_

Would you be willing to advance your fire/EMS training? \_\_\_\_\_

Why have you chosen to apply to Blades? \_\_\_\_\_

Do you currently have any other application in at another company or business?

\_\_\_\_\_

# PRE-EMPLOYMENT AGREEMENT AND RELEASE

Before signing, read the following statements carefully.

I understand that if I am hired, that I will be on probation for a period of 6 months. I am obligated to fulfill the performance standards of the Blades Volunteer Fire Company as stated in the employment description for this position.

I hereby certify that the answers given by me, to the questions on this application and any and all statements made by me are true to the best of my knowledge. I also understand that any false information, omissions or misrepresentations of fact in this application may be cause for rejection of this application or discharge at any time from employment with the Blades Volunteer Fire Company.

With my signature below, I hereby authorize investigations of all matters related to this application, including authority to request educational, work experience, medical personal information, driving records, criminal records and military records.

I hereby release all such persons and organizations from any liability or damages for issuing such information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following must be included for your application packet to be considered.

#### EMT Position

- Application and copies of your
- DE-EMT card
- NREMT card
- Healthcare Provider Card
- Driver's license
- Last 3 years driving record
- EVO card
- Fire School Transcript
- Affidavit

#### Driver / EMR Position

- Application and copies of your
- DE-EMR card
- NR-EMR card
- Healthcare Provider Card
- Driver's license
- Last 3 years driving record
- EVO card
- Fire School Transcript
- Affidavit