

Harlem-Roscoe Fire Protection District #1



Application for EMT-B/EMT-P

Harlem-Roscoe Fire Protection District #1 is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

First Name		Last Name		Middle Initial
Address		City	State	Zip
Phone Number	Date of Birth	Social Security#	Driver's License? Yes No	Driver's License #
Are you a U.S. Citizen? Yes No		Email Address		
Selected for Employment Are You Willing to submit to a Pre-Employment Drug Screening Test? Yes No		Have You Ever Been Convicted of a Felony? You are not obligated to disclose any sealed or expunged records of convictions or arrests. Yes No If yes, please explain:		
Have you ever been a member of the U.S. Armed Forces? Yes No		What is your current Selective Service classification? Do you presently have a Military obligation? Yes No		

Have you ever been convicted of any one or more of the following misdemeanors? Yes No

Class A	Yes	No	Class B	Yes	No	Class C	Yes	No
Adultery (11-7)			Eavesdropping (14-4)			Obstruction of Justice (31-4)		Resisting or Obstruction a Peace Officer (31-1)
Aggravated Assault (12-2)			Escape (31-6)			Patronizing a Prostitute (11-18)		Soliciting for a Prostitute (11-15)
Aiding Escape (31-6)			Indecent solicitation of a Child (11-6)			Perjury (32-2)		Subordination of Perjury (32-3)
Communicating with Jurors & Witnesses (32-4)			Intimidation (12-6)			Pimping (11-19)		Tampering with Public Records (32-8)
Compounding a Crime (32-1)			Keeping a Gambling House (28-3)			Prostitution (11-14)		Theft (16-1)
Criminal Sexual Abuse (12-15)			Keeping a House of Prostitution (11-17)			Public Indecency (11-9)		Unlawful Possession of Firearms & Ammunition (24-3.1)
Defacing Identification Marks of Firearms (24-5)			Mob Action (25-1)			Residential Picketing (21.1-3)		Unlawful Use of Weapons (24-1)

If yes, Please list and explain: _____

Position

Position You Are Applying For	Previous Experience as a EMT or Paramedic? Yes No If so what Department? _____
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Certifications:

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I, the undersigned, certify that all facts contained in this application are true and complete to the best of my knowledge. I understand that omissions or misrepresentations of facts may be grounds for rejection of this application or for dismissal from employment, if subsequently discovered.

I authorize investigation of all statements contained herein. I release all parties from all liability for any damage that may result from furnishing the same to you.

Name (Please Print)	Signature (TYPE NAME)
Date	