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# DEWEY FIRE CO. AMBULANCE SQUAD

502 Durham Street  
Hellertown, PA 18055



Employment Application - Paramedic

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?	
				YES	NO
Have you ever worked for this company?		YES	NO	If so, when?	
Have you ever been convicted of a felony?		YES	NO	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

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**CERTIFICATIONS**

*Please list all current certifications held*

PA State Paramedic	Expiration Date ____/____
NREMT-P	Expiration Date ____/____
ACLS	Expiration Date ____/____
PALS	Expiration Date ____/____
PHTLS	Expiration Date ____/____
CPR	Expiration Date ____/____

**PREVIOUS EMPLOYMENT**

Company					Phone	(		)	
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	NO				
Company					Phone	(		)	
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	NO				
Company					Phone	(		)	
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	NO				

**MILITARY SERVICE**

Branch					From		To		
Rank at Discharge					Type of Discharge				
If other than honorable, explain									

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature					Date				
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