

**GOOD WILL AMBULANCE,  
a division of Good Will Steam Fire Engine Company No. 1,  
of Pottstown, PA**

**APPLICATION FOR EMPLOYMENT**

Good Will Steam Fire Engine Company No. 1, of Pottstown, PA considers applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship, ancestry, political belief, or any characteristic protected by law. Good Will Steam Fire Engine Company No. 1, of Pottstown, PA IS A DRUG-FREE WORKPLACE.

Position Applied For:

EMT \_\_\_\_\_  
Paramedic \_\_\_\_\_  
Fire Fighter \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Other Phone/E-mail address: \_\_\_\_\_

Are you at least 18 years of age? YES NO

*If no, 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.*

How did you find out about Good Will Ambulance? \_\_\_\_\_

List any relatives or friends who are members of Good Will Steam Fire Engine Company No. 1, of Pottstown, PA:

\_\_\_\_\_

**VOLUNTEER FIRE/AMBULANCE COMPANY AND PUBLIC SAFETY EXPERIENCE**

Have you ever been an employee of Good Will Ambulance, a member of Good Will Steam Fire Engine Company No. 1 of Pottstown, PA or any other Fire Company, ambulance service, or other public safety organization in the past? If so, indicate the name and location of the company, date of membership or employment, and reason for leaving:

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**CERTIFICATION INFORMATION**  
 (Photocopies or other verification required at interview)

Certification	Certification Number	Expiration Date	Instructing/Certifying Agency
CPR			
EMT/EMT-P			
ALCS			
PALS			
Firefighting Certification			

GENERAL INFORMATION

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

Issued by what State? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Has your Driver's License ever been suspended or revoked:      YES      NO

If yes, list the reason(s) and the length of time for each suspension/revocation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all moving traffic violations (convictions) and accidents you have had in the last five years. For each violation, describe the violation and the date of conviction, and for each accident, describe the date, type of accident, date, and if you were at fault:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, or had your license revoked or suspended?

YES    NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

*A conviction will not necessarily disqualify you from employment.*

**EMPLOYMENT HISTORY**  
(List your last three employers, starting with the most recent.)

1. Employer: - \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_  
\_\_\_\_\_

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

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

2. Employer: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_  
\_\_\_\_\_

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

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

3. Employer: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_  
\_\_\_\_\_

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

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

MILITARY EXPERIENCE:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

**PRIOR CONDUCT**

With respect to your past employment and volunteer activities, have you ever been:

- |  |     |    |
|--|-----|----|
| Placed on probation or terminated for excessive absenteeism? | YES | NO |
| Disciplined or fired for insubordination?                    | YES | NO |
| Disciplined or fired for violation of safety rules?          | YES | NO |
| Disciplined or fired for assault or fighting?                | YES | NO |
| Disciplined or fired for harassment?                         | YES | NO |
| Disciplined or fired for patient abuse?                      | YES | NO |
| Disciplined or fired for alcohol or drug related activity?   | YES | 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 employment.*

**EDUCATION 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  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**OTHER COLLEGE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Years Completed: \_\_\_\_\_  
Did you graduate? YES NO  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**TECHNICAL SCHOOL:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Years Completed: \_\_\_\_\_  
Did you graduate? YES NO  
Certificate: \_\_\_\_\_ License: \_\_\_\_\_  
Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

**OTHER SCHOOL/TRAINING:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Years Completed: \_\_\_\_\_  
Did you graduate? YES NO  
Certificate: \_\_\_\_\_ License: \_\_\_\_\_  
Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

OTHER: \_\_\_\_\_

**FIRE SERVICE/EMS RELATED TRAINING IN ADDITION TO CERTIFICATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRE/EMS/PROFESSIONAL AFFILIATIONS (other than listed under prior employment or prior fire company membership):

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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:

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What motivated you to apply for employment at Good Will Ambulance?

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## REFERENCES

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

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

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

Telephone Number (including area code): \_\_\_\_\_

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

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

Telephone Number (including area code): \_\_\_\_\_

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

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

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

Telephone Number (including area code): \_\_\_\_\_



**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 my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate Good Will Ambulance in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or Good Will Ambulance is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job 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 providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested 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 doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Good Will Ambulance as a condition of my employment, and I hereby give my consent to the release of all information which Good Will Ambulance deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from Good Will Ambulance.

I hereby authorize Good Will Ambulance to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I give my express permission for Good Will Ambulance to check any or all of my references, to contact any or all of my previous employers or volunteer agencies, and to conduct a criminal history check, driving history check, child abuse clearance check and to make any other necessary inquiries. I release Good Will Ambulance and all informants from all liability resulting from such inquiries.

I understand that it is my duty to keep Good Will Ambulance informed of any criminal convictions, and I agree to inform Good Will Ambulance of any convictions I presently have or in the future may have.

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 with Good Will Ambulance may be terminated.

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

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

Signature of Parent or Legal Guardian: \_\_\_\_\_

**(Required if applicant is under 18 years of age)**