



# PRINCETON FIRST AID & RESCUE SQUAD INC.

Dear Applicant,

Thank you for your interest in becoming a paid, at will employee of the Princeton First Aid & Rescue Squad (PFARS). Working with PFARS is very demanding. Please make sure you can meet the commitments involved before you apply.

Please follow these steps to apply:

1. Visit [www.pfars.org](http://www.pfars.org) to learn more about the Squad.
2. Read the information below about the application process and the requirements of Squad employment.
3. Fully complete the attached application.
4. Distribute the enclosed reference forms to three references who know you well (non-family members). Those forms should be returned directly to the Squad.
5. Copy your Driver License, EMT card, CPR card, and any other certifications you may possess; enclose these copies with your application.
6. Return the application to the Squad via US Mail.

The application process is as follows:

1. Please refer to the attached *PFARS 2008 EMT Hiring Process* memo for the overall process review. Below are some additional points for your information.
2. Your interviewers will make the final decision regarding your ability to meet our requirements.
3. Upon medical clearance, your employment begins as of the date we set and inform you of.
4. You will serve a Probationary Period of at least 90 days. You will be evaluated and expected to reach a certain performance level. Failure to reach that level within 90 days may result in the termination of your employment.

Requirements for Employment (Please refer to the attached *PFARS EMT Job Description* memo for more detail on requirements for employment):

- Be immediately available to begin the application process.
- Be at least 18 years old and be a US citizen, resident-alien, or possess a valid visa to live/work in the United States. Plus the ability to read, write and understand English.
- Valid driver's license that meets NJ State statues concerning driving in the State of NJ.
- Volunteer experience as outlined under *Qualifications* in the *EMT-B Job Description* memo.
- Pass the Patient Lifting Ability test administered during the interview.
- Exhibit good character and good moral standing. Candidates who have been indicted for a felony that was not resolved with complete dismissal or finding of not guilty will not be considered for employment.
- Current NJ EMT-B, NREMT-B, or current certifications that are listed in N.J.A.C. 8:40A - EMT-Basic Training and Certification.
- Current CPR (Healthcare Provider or Professional Rescuer level).
- Successfully complete PFARS yearly HIPPA training.
- Successfully complete PFARS yearly Sexual Harassment Policy Training.
- Knowledge of PFARS Constitution & By-laws and SOP's.
- Knowledge of PFARS equipment.
- Knowledge of, or Ability to learn, Princeton area geography, roads and landmarks.
- Other training as required by PFARS or entities having jurisdiction over PFARS for training purposes.

If you have any questions about the application process or about employment in general, please contact us. We would like to thank you once again for your interest in the Princeton First Aid & Rescue Squad and for taking the time to complete our application.

Yours truly,  
The Princeton First Aid & Rescue Squad, Inc.



# PRINCETON FIRST AID & RESCUE SQUAD INC.

237 North Harrison Street, P.O. Box 529, Princeton, NJ 08542  
(609) 924-3338 • Fax 924-3335 • info@pfars.org • www.pfars.org

## APPLICATION CHECKLIST

**FOR USE BY DAY CREW COMMITTEE ONLY. PLEASE RETURN WITH APPLICATION.**

APPLICANT NAME \_\_\_\_\_

### DOCUMENTS RECEIVED

- Application
- Reference #1 \_\_\_\_\_
- Reference #2 \_\_\_\_\_
- Reference #3 \_\_\_\_\_
- Copies of EMS Certifications
- Copy of Driver License

Application complete on \_\_\_\_\_

### INTERVIEW AND ACCEPTANCE

Date of Interview \_\_\_\_\_ Interviewed by \_\_\_\_\_

Day Crew Committee Action \_\_\_\_\_

Physical and Drug Test Results \_\_\_\_\_

Probationary Employment start date \_\_\_\_\_

### PROGRESSION OF PROBATIONARY MEMBERSHIP

90 day probationary period ends on \_\_\_\_\_

Probationary period, passed or failed \_\_\_\_\_

Comments, if needed \_\_\_\_\_



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## EMPLOYMENT APPLICATION

### PERSONAL

NAME \_\_\_\_\_ SEX M / F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                    LAST                                    FIRST                                    MIDDLE

ADDRESS \_\_\_\_\_  
                                    NUMBER & STREET                                    (APT#)                                    CITY                                    STATE                                    ZIP

PHONE \_\_\_\_\_  
                                    HOME                                    WORK/DORM                                    MOBILE                                    PAGER

CITIZENSHIP \_\_\_\_\_ SSN \_\_\_\_\_ EMAIL \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ If under 2 years provide previous address at end of form.

### EDUCATION

HIGH SCHOOL \_\_\_\_\_  
                                    NAME                                    CITY, STATE                                    GRADE COMPLETED                                    DATE OF GRADUATION

#### COLLEGES OR UNIVERSITIES ATTENDED

NAME	CITY & STATE	TYPE OF DEGREE	MAJOR	CREDITS	DATES ATTENDED	
					from	to

### TRAINING AND CERTIFICATIONS

EMT CERTIFICATION \_\_\_\_\_  
                                    STATE                                    NUMBER                                    DATE OF ORIGINAL CERTIFICATION                                    EXPIRATION

CPR CERTIFICATION \_\_\_\_\_  
                                    CERTIFYING AGENCY / LEVEL                                    DATE OF ORIGINAL CERTIFICATION                                    EXPIRATION

OTHER FIRST AID TRAINING \_\_\_\_\_  
\_\_\_\_\_

### MILITARY SERVICE

BRANCH	DATES	RANK
TYPE OF DISCHARGE		SERVICE NUMBER
JOB DESCRIPTION AND TRAINING		

\_\_\_\_\_

## DRIVING RECORD

LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

POINTS AGAINST \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

IS YOUR DRIVING PRIVILEGE NOW SUSPENDED OR REVOKED? **YES / NO**

HAS YOUR DRIVING PRIVILEGE EVER BEEN SUSPENDED OR REVOKED IN ANY STATE? **YES / NO**

HAVE YOU EVER BEEN A DRIVER IN AN MVA? **YES / NO**

HAVE YOU EVER BEEN ISSUED A SUMMONS/TICKET FOR A MOTOR VEHICLE VIOLATION? **YES / NO**

(IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN)

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

## EMPLOYMENT HISTORY

EMPLOYER #1 (MOST RECENT)	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #2	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #3	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #4	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #5	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	

THE PRINCETON FIRST AID & RESCUE SQUAD MAY CONTACT ANY OF THE ABOVE SUPERVISORS FOR REFERENCES. IF YOU DO NOT WISH FOR ANY OF THE ABOVE SUPERVISORS TO BE CONTACTED, PLEASE DO NOT LIST A PHONE NUMBER FOR THOSE SUPERVISORS.

## VOLUNTEER EXPERIENCE/HISTORY

#1 (MOST RECENT)	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
#2	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
#3	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
#4	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
#5	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	

THE PRINCETON FIRST AID & RESCUE SQUAD WILL CONTACT THE ABOVE SUPERVISORS FOR REFERENCES.

## PERSONAL REFERENCES

A REFERENCE FORM SHOULD BE GIVEN TO EACH INDIVIDUAL LISTED BELOW. THESE PEOPLE SHOULD NOT BE RELATED TO YOU, OR A PFARS OFFICER; BUT SHOULD BE ABLE TO COMMENT ON YOUR EDUCATION, WORK EXPERIENCE, COMMUNITY INVOLVEMENT, AND/OR CHARACTER.

NAME	ADDRESS	OCCUPATION/RELATION

## GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION, OR IMPRISONED FOR ANY CRIMINAL OFFENSE? IF YES, PLEASE EXPLAIN BELOW.	YES	NO
HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION, PAID OR VOLUNTEER? IF YES, PLEASE EXPLAIN BELOW.	YES	NO
HAVE BEEN INDICTED FOR A FELONY THAT WAS NOT RESOLVED WITH COMPLETE DISMISSAL OR FINDING OF NOT GUILTY? IF YES, PLEASE LIST DETAILS BELOW.	YES	NO
HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF AN EMERGENCY SERVICES AGENCY? IF YES, PLEASE LIST BELOW.	YES	NO
HAVE YOU EVER BEEN DENIED MEMBERSHIP OR EMPLOYMENT IN AN EMERGENCY SERVICES AGENCY? IF YES, PLEASE PROVIDE DETAILS BELOW.	YES	NO
HAVE YOU EVER BEEN INVOLVED IN A DISCIPLINARY ACTION WITH ANY EMERGENCY SERVICES AGENCY? IF YES, PLEASE PROVIDE DETAILS BELOW.	YES	NO

DEPARTMENT OR SQUAD	PHONE	DATES	SUPERVISOR

Space to explain (if needed) for the three questions above:

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## ABILITY TO PERFORM TASKS

Do you have any physicals conditions or impediments which might, in any way, hinder your ability to perform the tasks of an EMT? \_\_\_\_\_

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

Have you had any recent or past operations/illnesses or other conditions which might in any way, hinder your ability to perform the tasks of an EMT?

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**PERSONAL STATEMENTS**

Why do you wish to work for the Princeton First Aid & Rescue Squad?

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What do **YOU** expect to gain if you are hired?

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What will **THE SQUAD** gain from having you as an employee?

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**OTHER INFORMATION**

Please list any other information (certifications, areas of expertise, etc.) that you feel is beneficial to your consideration for membership.

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**FURTHER ANSWERS**

Please use this space to continue answering any questions in previous sections of the application. Or add your own page if you need more room.

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**SIGNATURE AND RELEASE**

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application and/or in my discharge from the Princeton First Aid & Rescue Squad, Inc.

By signing below, I hereby authorize the Princeton First Aid & Rescue Squad and its officers or delegates to conduct any background investigations necessary to verify the above information. I understand that any offer of membership is contingent upon successfully passing a medical clearance examination and urine drug screen administered by the Squad's delegate, and by signing below I give my consent for that examination.

I further agree that, if granted employment, I will uphold the rules, regulations, and by-laws of the Princeton First Aid & Rescue Squad, Inc.

SIGNATURE OF APPLICANT, DATE



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## EMPLOYMENT REFERENCE

APPLICANT NAME \_\_\_\_\_  
LAST FIRST MIDDLE

I hereby authorize the reference listed below to provide the requested background and personal information to the Princeton First Aid & Rescue Squad, Inc., its officers, directors, and Day Crew Committee. I acknowledge that the completed reference form is the property of the Princeton First Aid & Rescue Squad, Inc., and I further waive any right I may have to review this reference form.

SIGNATURE OF APPLICANT, DATE \_\_\_\_\_

**TO THE REFERENCE:** The above named individual has applied for employment by the Princeton First Aid & Rescue Squad, Inc., and you have been given as a reference. References are required as part of the application, but your response is voluntary. If you choose to act as a reference, the information you provide may be relied upon by the Squad in determining whether or not to grant employment to the applicant. Please answer the following questions honestly and frankly as they apply to the applicant. Where possible, it would be helpful if you could provide an example or anecdote to illustrate your comments. If you require more space to provide an adequate answer, please feel free to attach additional pages. If you would like, you may respond in a different format on separate paper, but, if you do so, please return this form as well. **PLEASE RETURN THIS FORM DIRECTLY TO THE SQUAD AT THE ADDRESS ABOVE, ATTENTION DAY CREW COMMITTEE.**

The Princeton First Aid & Rescue Squad, Inc., is a volunteer run organization that provides emergency medical and rescue services to the community of Princeton, including Princeton Borough, Princeton Township, and Princeton University, as well as other surrounding areas when requested. Employees must be of good moral character, reliable, trustworthy, and able to perform as part of a team within a command structure under stressful emergencies and sometimes in hazardous situations.

REFERENCE NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER & STREET (APT#) CITY STATE ZIP

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
DAY EVENING

For how long and in what capacity have you known the applicant? \_\_\_\_\_

How frequently do you have contact with him or her? \_\_\_\_\_

Is your relationship? (circle all that apply) **BUSINESS / PERSONAL / ACADEMIC / SOCIAL**

Do you know any other persons who are acquainted with the applicant? \_\_\_\_\_

Would you have any reservations about entrusting the applicant with a sick or injured member of your immediate family?  
**YES / NO** (comment if YES) \_\_\_\_\_



PLEASE RATE THE APPLICANT ON THE FOLLOWING SCALE (1 BEING LOWEST) OR INDICATE NO OPINION

<b>Trustworthiness</b>	Uncomfortable leaving valuables around him/her.	low ..... avg ..... high 1 2 3 4 5 6 7	Entrusted with keys to residence, to use of vehicle, to keep children, etc.	No opinion
<b>Reliability</b>	Unable to keep appointments or finish tasks. Always late.	low ..... avg ..... high 1 2 3 4 5 6 7	Keeps appointments without fail, finishes all expected tasks on or ahead of schedule.	No opinion
<b>Interpersonal Skills</b>	Uncomfortable around all but a few friends.	low ..... avg ..... high 1 2 3 4 5 6 7	At ease with most people regardless of sex, age, race, nationality, culture, etc. Able to communicate with ease.	No opinion
<b>Ability to maintain confidential information</b>	Always gossiping and spreading rumors.	low ..... avg ..... high 1 2 3 4 5 6 7	Does not gossip. Entrusted with very personal information.	No opinion
<b>Ability to remain calm in stressful situations</b>	Gets excited easily. Is outwardly very emotional to the point of not being able to function.	low ..... avg ..... high 1 2 3 4 5 6 7	Thrives under stress. Able to calmly act when others panic. Aides in resolving problems.	No opinion
<b>Ability to receive constructive criticism</b>	Has never been wrong. All mistakes are attributed to others. Gets agitated and hostile.	low ..... avg ..... high 1 2 3 4 5 6 7	Continually seeks to improve. Invites suggestions. Admits mistakes without shifting blame.	No opinion

List two of the applicant's strengths. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List the applicant's primary weakness. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give an example of the applicant acting as a leader. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give an example of the applicant facing and dealing with a personal challenge. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any other comments you feel are pertinent (Special abilities or talents, alcohol or drug abuse concerns, psychological instability concerns, incidents of violence or aggression, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF REFERENCE, DATE \_\_\_\_\_  
 THANK YOU FOR TAKING THE TIME TO HELP US EVALUATE THIS APPLICANT.  
 YOUR COMMENTS ARE VERY MUCH APPRECIATED!



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ADDRESS \_\_\_\_\_  
NUMBER & STREET (APT#) CITY STATE ZIP

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
DAY EVENING

For how long and in what capacity have you known the applicant? \_\_\_\_\_

How frequently do you have contact with him or her? \_\_\_\_\_

Is your relationship? (circle all that apply) **BUSINESS / PERSONAL / ACADEMIC / SOCIAL**

Do you know any other persons who are acquainted with the applicant? \_\_\_\_\_

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**YES / NO** (comment if YES) \_\_\_\_\_

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List two of the applicant's strengths. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List the applicant's primary weakness. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give an example of the applicant acting as a leader. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give an example of the applicant facing and dealing with a personal challenge. \_\_\_\_\_  
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List any other comments you feel are pertinent (Special abilities or talents, alcohol or drug abuse concerns, psychological instability concerns, incidents of violence or aggression, etc.) \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

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