



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 EMPLOYMENT

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 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:

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?

PERSONAL STATEMENTS

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

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

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

OTHER INFORMATION

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

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.

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.**

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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

Trustworthiness	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
Reliability	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
Interpersonal Skills	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
Ability to maintain confidential information	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
Ability to remain calm in stressful situations	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
Ability to receive constructive criticism	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.) _____

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THANK YOU FOR TAKING THE TIME TO HELP US EVALUATE THIS APPLICANT.
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