



**LOYALSOCK
VOLUNTEER
FIRE CO. No. 1
EMS DIVISION**



715 NORTHWAY ROAD / WILLIAMSPORT, PENNSYLVANIA 17701 / 570-323-3603 / DIAL 911

NAME: _____
Last First Middle

STREET ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ Zip: _____

SS.#: _____ DRIVER'S LICENSE Number/State: _____ EXP. DATE: _____

EMAIL Address: _ _ _ _ _

EMT CERT NUMBER: _____ State Issued: _____ National Registry: (Y) (N)

Please Provide a copy of your Driver License, EMT and CPR cards with your completed Application.

AVAILABLE START DATE: _ _ _ _ _

DO YOU HAVE ANY PHYSICAL CONDITIONS WHICH WOULD PREVENT YOU FROM CERTAIN KINDS OF WORK: (Y) (N) IF YES, PLEASE EXPLAIN_ _ _ _ _

HAVE YOU EVER BEEN CONVICTED OF A CRIME, (include any misdemeanors, summary offenses, and drive related offenses) (Y) (N) IF YES, PLEASE EXPLAIN_ _ _ _ _

DO YOU HAVE ANY FIREFIGHTING EXPERIENCE: (Y) (N) IF YES, PLEASE EXPLAIN__

PLEASE PROVIDE A COPY OF ALL CERTIFICATIONS

PROVIDING QUALITY EMERGENCY SERVICES SINCE 1926

EDUCATION AND TRAINING EXPERIENCE

HIGH SCHOOL: _ _ _ _ _ HIGHEST LEVEL COMPLETED: ____ _
COLLEGE: _____ YEARS ATTENDED: _ _ _ _ _
EVOC: (Y) (N) IF YES, PLEASE PROVIDE CERTIFICATE

PAST EMPLOYERS

1. EMPLOYER: _____
ADDRESS: _____
JOB TITLE: _____
SUPERVISOR: _____ PHONE NO. _____
REASON FOR LEAVING: _____

2. EMPLOYER: _____
ADDRESS: _____
JOB TITLE: _____
SUPERVISOR: _____ PHONE NO. _____
REASON FOR LEAVING: _____

REFERENCES

Please include people familiar with your qualifications. References will be checked.

1.	_____	_____	_____
	Name	Address	Phone
2.	_____	_____	_____
	Name	Address	Phone
3.	_____	_____	_____
	Name	Address	Phone

Signature required: _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, any false statement on this application shall be considered sufficient cause for dismissal.