

Newberry Township Department of Public Safety

Driver/Operator Application

	Date of Application:		
Applicant Name	e:		
Address:			
City:		<u> </u>	
Primary Phone	Number:		
E-mail Address	S:		
Sex:			
Current Employ	yer:		
Title/Job Held:			
Address:		Supervisor:	
Personal or Pro	ofessional References:		
Name:		Phone #:	
Name:		Phone #:	
	ent and former (within 5 ye	ars) emergency services organizations you've been a	
Organization:_			
Start:	End:		
Organization:_	End:		
Start:	End:		
Organization:_			
Start:	End:		
Organization:_			
Start:	End:		
Organization:_			
Start:	End:		

Please select all certification/to Please note that all certifications w		
☐ Fire Fighter 1*	☐ CPR/AED*	☐ Fire Inspector 1 or 2
☐ Vehicle Rescue Technician *☐ EVOC*	☐ EMR ☐ EMT-B	☐Fire Police (Basic/Adv.)
☐ ICS 100/200/700/800* ☐ Pump Operations 1&2*	☐ EMT-A ☐ EMT-P	☐HAZMAT Technician
☐ HAZMAT Operations*		☐ Other
I hereby acknowledge that the informat I furthermore authorize a complete pred Newberry Township Police Department.		
Applicant Signature:		Date:
UPON COMPLETION, PLEASE EMAIL APP following addres:	PLICATION TO: <u>jobs@k</u>	<u>eepnewberrysafe.org</u> or mail to the
Newberry Township D.P.S. Attn: Braxton Ditty, Assistant Director 1895 Old Trail Rd.		

Etters, PA 17319