

**Fountaintown Community Vol. Fire Department
PRN Paramedic
Employment Application**



Mission Statement

The mission of the Fountaintown Community Vol. Fire Department is to provide quality service and prevent harm to the community we serve.

Vision Statement

Through accountability to those we serve, we promote the future of the Fountaintown Community Vol. Fire Department.

Core Values

- Teamwork
- Honesty
- Integrity
- Respect
- Professionalism

PRN Paramedic Requirements:

1. Must be a U.S. Citizen
2. Must be at least 18 years of age
3. Have a High School Diploma or a GED
4. Must Hold a valid Driver's License
5. Must not have any prior felony conviction(s)
6. Must not have been Dishonorably Discharged from the Armed Forces.
7. Certified as American Heart Association BLS Provider CPR
8. Indiana Certified Emergency Medical Technician – Paramedic
 - A minimum of two years' 911 experience working as a paramedic
9. Current certified in ACLS & PALS

Application can be mailed to:
Fountaintown Community Vol. Fire Department
Attention: EMS Captain
P.O. Box 143
Fountaintown, Indiana 46130
Or dropped off at Station 12.

***ANY APPLICATION THAT IS NOT COMPLETE WILL BE THROWN OUT
AND APPLICANT WILL NOT BE ALLOWED TO PROCEED ***

No portion of the application should be left blank.

APPLICANT INFO

NAME: _____

D.O.B: _____

ADDRESS: _____

EMAIL ADDRESS: _____

(Required for all applicants. You will be notified of the hiring process via email. If you do not have an E-Mail address a free one can be obtained at Hotmail.com, yahoo.com or gmail.com)

PHONE NUMBER: _____

HAVE YOU EVER FILLED AN APPLICATION WITH US BEFORE? YES / NO

IF YES, GIVE DATE: _____

HAVE YOU EVER BEEN A MEMEBR HERE BEFORE? YES / NO

IF YES, GIVE DATE: _____

HAVE YOU EVER BEEN CONVICTED OR CHARGED WITH A FELONY? YES / NO

IF YES, EXPLAIN ON AN ATTACHED PAGE.

HAVE YOU EVER BEEN OR ARE YOU NOW A MEMBER OF ANOTHER FIRE DEPARTMENT OR EMS SERVICE YES / NO

IF YES, WHERE: _____ ADDRESS: _____ WHEN: _____ POSITION(S) HELD: _____

CURRENT FIREFIGHTER/EMS CERTIFICATIONS

PSID: _____

MANDATORY FIREFIGHTER YES / NO
FIREFIGHTER I & II YES / NO
AHA CPR EXPIRATION: _____
PALS EXPIRATION: _____
ACLS EXPIRATION: _____
EMERGENCY MEDICAL RESPONDER EXPIRATION: _____
EMERGENCY MEDICAL TECHNICAION-BASIC EXPIRATION: _____
EMERGENCY MEDICAL TECHNICATION-ADV EXPIRATION: _____
EMERGENCY MEDICAL TECHNICATION-PARA EXPIRATION: _____
OTHER: _____

(COPIES OF ALL CERTIFICATION ARE TO BE ATTACHED TO APPLICATION)

Driver's License #: _____ - _____ - _____
State: _____ Expiration: _____ / _____ / 20_____
Have you ever had your license suspended/revoked? YES / NO
(ATTACHED COPY OF DRIVERS LICENSE & DRIVING RECORD FROM BMV)

Education

Name of School
Year Graduated: _____
High School: _____ Year Graduated: _____
College: _____ Years Attended: _____ - _____
Trade School: _____ Years Attended: _____ - _____
Graduate School: _____ Years Attended: _____ - _____

Describe any specialized training, apprenticeship, skill and extracurricular activities:

Employment Experience: (Past 3 Employers)

Company Name: _____
Address: _____
Supervisor Name: _____ Can we contact this employer? Y / N
Phone: (____) ____ - _____ Work Performed: _____
Reason for leaving?

Company Name: _____
Address: _____
Supervisor Name: _____ Can we contact this employer? Y / N
Phone: (____) ____ - _____ Work Performed: _____
Reason for leaving?

Company Name: _____
Address: _____
Supervisor Name: _____ Can we contact this employer? Y / N
Phone: (____) ____ - _____ Work Performed: _____
Reason for leaving?

Professional References:

Name: _____

Occupation: _____ Main Contact: (____) _____ - _____

Name: _____

Occupation: _____ Main Contact: (____) _____ - _____

Name: _____

Occupation: _____ Main Contact: (____) _____ - _____

****Once application deadline is over the applicants that have all forms completed will move on to an oral interview. Applicants will be contacted with a date and time for their interview. Applicants will be contacted once all interviews are completed. Please dress for the occasion. ****

Fountaintown Community Vol. Fire Department Form 4.1

Release of Liability

I _____ understand that in order to be considered into the next phase for hire for the Fountaintown Community Volunteer Fire Department Inc., I may be asked to successfully complete a physical ability test. I hereby forever release the Fountaintown Community Volunteer Fire Department Inc., and the employees and agents of each, from responsibility, liability or other obligations, which may arise from my presence in and with the Fountaintown Community Volunteer Fire Department activities for any reason whatsoever. I also understand that it is my responsibility to be in good health and seen by a physician on a regular basis. I therefore release all medical liability from the Fountaintown Community Volunteer Fire Department Inc.

Printed Name of Applicant

Date

Signature of Applicant

Subscribed and sworn to before me, a NOTARY PUBLIC, in and for the county of _____,
state of Indiana, This _____ Day of _____, 20_____.

My Commission expires: _____ Resident of _____ county, Indiana.

Signature

Printed name