



Crew Membership Application
Foxwall Emergency Medical Service
145 Squaw Run Road
Pittsburgh, PA 15238
412.963.6611

Instructions

Please provide the following information as completely and thoroughly as possible and return to the above address. Your application materials should be marked "Confidential" and submitted to the attention of: "Chairperson, Foxwall Personnel Committee".

Candidates must specifically indicate all areas of previous EMS experience and provide complete names, addresses, telephone numbers, and dates of employment with previous related services. Candidates must also submit the following items with their application:

- ➔ **A personal statement** (not to exceed 250 words) indicating why you would like to become a member of Foxwall. Please address what you feel you would contribute to the organization as well as what you hope to gain from your membership.

- ➔ A photocopy of **all current certification cards (front and back)**, as well as your **driver's license**.

- ➔ A **Pennsylvania State Police "Pennsylvania Access to Criminal History"** and a **Pennsylvania Child Abuse History Clearance**. For your convenience, you can find the applicable links on the "Join" page of our website: **www.Foxwall.org**.

Personal Information

Last Name: _____ First, MI: _____

Social Security #: _____

Drivers License #: _____ State: _____ Exp. Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Primary Telephone: _____ (Is this a cell number?)

Alternate Telephone: _____ (Is this a cell number?)

Email: _____

Are you at least 18 years of age? YES NO

Do you have a High School diploma or GED equivalency? YES NO

Current Work Experience

Employer: _____ Telephone: _____
Address: _____ Job Title: _____
Dates of Employment: From: _____ To: _____
May we contact your supervisor? YES ____ NO ____
Supervisor's Name/Title: _____
Supervisor's Telephone: _____

Previous Work Experience #1

Employer: _____ Phone: _____
Address: _____ Job Title: _____
Dates of Employment: From: _____ To: _____
May we contact your supervisor? YES ____ NO ____
Supervisor's Name/Title: _____
Supervisor's Phone: _____

Previous Work Experience #2

Employer: _____ Phone: _____
Address: _____ Job Title: _____
Dates of Employment: From: _____ To: _____
May we contact your supervisor? YES ____ NO ____
Supervisor's Name/Title: _____
Supervisor's Phone: _____

Previous Volunteer Experience #1

Organization: _____ Phone: _____
Address: _____
Type of Business: _____
Dates of Service: From: _____ To: _____
Describe briefly your role with this organization as a volunteer: _____

May we contact your supervisor? YES ____ NO ____
Supervisor's Name/Title: _____
Supervisor's Phone: _____

Previous Volunteer Experience #2

Organization: _____ Phone: _____
Address: _____
Type of Business: _____
Dates of Service: From: _____ To: _____
Describe briefly your role with this organization as a volunteer: _____

May we contact your supervisor? YES ____ NO ____
Supervisor's Name/Title: _____
Supervisor's Phone: _____

Emergency Services Training

List all relevant emergency services training:

Certificate	School/ Sponsor	Cert #	Date Obtained	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References

List complete names, contact information, and occupation of two (2) character references other than current employer or relatives:

1.

2.

Health/Physical Condition

Are you currently under the care of a physician for any serious or chronic illness?

YES _____ NO _____

Do you feel that you require any special accommodation in order to perform the functions of the position for which you are applying? YES _____ NO _____

If either of the above is yes, please explain: _____

Do you currently have a problem with narcotics or other controlled substance abuse?

YES _____ NO _____

If yes, please explain:

Other Information

Do you have a record of moving violations within the past three years?

YES _____ NO _____

If yes, please explain:

Have you ever been convicted of, or received a similar disposition regarding a misdemeanor or felony? YES _____ NO _____

If yes, please explain:

Obligations/ Applicant's Statement and Agreement

- 1. In order to serve as a Foxwall Crew Member, I understand that an individual must be a minimum of 18 years of age upon acceptance (16 years of age if accepted under the Junior Membership Program), must already be or immediately become certified in CPR and must satisfactorily complete a three-month period of orientation training combined with 48 hours of active duty. During this period, the individual is classified as a Probationary Member and will be obligated, as are regular crewmembers, to follow all policies and procedures as outlined in the Foxwall by-laws. Furthermore, members must attend scheduled meetings and drills and to properly care for and return in good condition any assigned Foxwall property.*
- 2. I voluntarily give Foxwall the right to thoroughly investigate the information provided on this application and hereby release all persons, schools, employers or other organizations supplying such information from any liability or responsibility. I understand that the confidentiality of the information provided will be maintained by Foxwall.*
- 3. I hereby certify that I have answered the foregoing questions to the best of my knowledge and understand that misrepresentation will be considered just cause for rejection of this application or dismissal from the service.*

Signature of applicant: _____ Date: _____

Federal law prohibits discrimination in employment because of race, color, sex, religion or national origin.

For Personnel Use

Interview Date: ____/____/____

Statement received? _____

Copy of driver's license received? _____

Copy of criminal background check received? _____

Copy of Child Abuse History clearance received? _____

Copy of all certificates received? _____

References contacted? _____

Notes

Hire Date:

Probation Review Date:

Recommendations:

Signature of interviewer(s)

Date