



# Madison Fire Department Per Diem EMT Application

The Borough of Madison considers applicants for all positions without regard to age, race, creed, color, national origin, ancestry, marital or veteran status, gender, affectional or sexual orientation, domestic partnership status, disability, or any other characteristic protected from discrimination by law.

**All information obtained will be kept confidential and will be provided to only those persons involved in the screening and hiring processes.**

**PLEASE NOTE:** Due to the large number of applications received, only those candidates being considered for an interview will be contacted. Calls will not be returned to confirm receipt of applications.

## PERSONAL INFORMATION

<b>1</b>	<b>NAME</b>
<b>2</b>	<b>ADDRESS</b>
<b>3</b>	<b>CONTACT</b> Email: _____ Phone: _____

## EMPLOYMENT and REFERENCES

<b>4</b>	<b>HISTORY</b>	Please attach a current resume or CV with your application.
<b>5</b>	<b>REFERENCES</b>	Please provide one professional reference and one personal reference <b>Professional reference:</b> <input type="checkbox"/> Employer (past or present) <input type="checkbox"/> Teacher <input type="checkbox"/> Other Name: _____ Email Address: _____ Phone: _____ <b>Personal reference:</b> <input type="checkbox"/> Family <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Other Name: _____ Email Address: _____ Phone: _____
<b>6</b>	<b>EMPLOYER</b>	<input type="checkbox"/> Check here if unemployed <input type="checkbox"/> Check here if student without employment Company: _____ Position: _____ Name of Supervisor: _____ Phone: _____

**BACKGROUND** You will be required to submit to a background check and driver's abstract if you are interviewed.

<b>7</b>	<b>DRIVERS LICENSE</b>	DL Number: _____ State: _____
		Expires: _____ Restrictions? _____
		Have your driving privileges ever been suspended in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Have your driving privileges ever been revoked in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to either of the above, please attach an explanation to this application.		

**EDUCATION**

<b>8</b>	<b>HIGH SCHOOL</b>	School Name: _____ City, State: _____
		Graduated (MM/YY): _____ <input type="checkbox"/> Current Student
<b>9</b>	<b>UNDERGRADUATE</b>	College/University _____ City, State: _____
		Degree: _____ Major: _____
		Graduated (MM/YY): _____ <input type="checkbox"/> Current Student
<b>10</b>	<b>GRADUATE and PROFESSIONAL</b>	College/University _____ City, State: _____
		Degree: _____ Major: _____
		Graduated (MM/YY): _____ <input type="checkbox"/> Current Student

**EMS EXPERIENCE and CERTIFICATIONS**

<b>11</b>	Do you have past EMS experience? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, please list agencies & dates of active service here:				
<b>12</b>	<b>NJ EMT-B</b>	<b>CPR</b>	<b>Bloodborne Path</b>	<b>PHTLS</b>	<b>Other: _____</b>
	NJ EMT #: _____	Expires: _____	Expires: _____	Expires: _____	Expires: _____
	<b>IS-100</b>	<b>IS-700</b>	<b>ICS-300</b>	<b>CEVO/EVOC</b>	<b>Other: _____</b>
	Date: _____	Date: _____	Date: _____	Date: _____	Expires: _____

**CERTIFICATION**

<b>13</b>	I, the undersigned applicant, do solemnly swear or affirm that the above statements are true to my own knowledge. Any falsification will result in the declination of my application or my dismissal if accepted. I also understand that acceptance as a Per Diem EMT for the Borough of Madison is contingent upon my successful completion of an approved EMT training course within one year of my acceptance date if I do not currently hold a valid NJ EMT certification.	
	Signature _____	Date _____