TOWN OF BURKEVILLE
DIVISION OF FIRE & EMS
EMPLOYMENT APPLICATION

POSITION INFORMATION

Position Applying For: ☐ Full-Time ☐ Part-Time

Position Type: ☐ EMT ☐ Firefighter/EMT

Equal Opportunity Employer. The Town of Burkeville is an Equal Opportunity Employer. Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

APPLICANT INFORMATION

Full Name: _____

Date of Application: _____

Address: _____

City / State / Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: _____

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have a good driving record? ☐ Yes ☐ No

Are you able to pass an OEMS background check? ☐ Yes ☐ No

AVAILABILITY

Date Available to Start: _____

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your current employer? ☐ Yes ☐ No

EDUCATION

High School: _____

City / State: _____

Did you Graduate? ☐ Yes ☐ No

College / Technical School: _____

City / State: _____

Degree or Area of Study: _____

EMERGENCY MEDICAL SERVICES CERTIFICATIONS

Please list all current Emergency Medical Services Certifications, and attach copies of those certifications.

Certification	Certification Number	Issuing Agency	Expiration Date

OEMS COMPLIANCE QUESTIONS

Do you currently hold National Registry (NREMT) certification? ☐ Yes ☐ No

Do you currently hold Virginia EMS certification through the Virginia Office of EMS (OEMS)? ☐ Yes ☐ No

Certification Level: ☐ EMT ☐ AEMT ☐ Intermediate ☐ Paramedic

Certification Number: _____

Expiration Date: _____

Have you ever had an EMS certification suspended or revoked? ☐ Yes ☐ No

If yes, please explain: _____

Are you currently affiliated with another EMS or Fire agency? ☐ Yes ☐ No

If yes, list agency: _____

Do you hold EVOC (Emergency Vehicle Operator Course) certification? ☐ Yes ☐ No

EVOC Level: ☐ Class II ☐ Class III

FIRE CERTIFICATIONS

Please list all current Fire Service Certifications, and attach copies of those certifications.

Certification	Issuing Agency	Date Earned
Firefighter 1		
Hazardous Materials Operations		

EMPLOYMENT HISTORY

List your most recent employer first. Please provide complete information.

Employer #1 (Most Current)

Company Name: _____

Address: _____

Supervisor: _____

Phone Number: _____

Position Held: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Job Responsibilities:

Employer #2

Company Name: _____

Address: _____

Supervisor: _____

Phone Number: _____

Position Held: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Job Responsibilities:

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REFERENCES

Professional Reference #1 **Name:** _____ **Relationship:** _____ **Phone Number:** _____	**Professional Reference #2** **Name:** _____ **Relationship:** _____ **Phone Number:** _____
Personal Reference #1 **Name:** _____ **Relationship:** _____ **Phone Number:** _____	**Personal Reference #2** **Name:** _____ **Relationship:** _____ **Phone Number:** _____
Personal Reference #3 **Name:** _____ **Relationship:** _____ **Phone Number:** _____	

DRUG SCREENING CONSENT

I understand that employment with the Town of Burkeville Division of Fire & EMS may require participation in a pre-employment and/or random drug screening program. By signing below, I consent to drug testing as a condition of employment and understand that refusal to participate may result in disqualification from employment consideration.

APPLICANT CERTIFICATION

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification or termination of employment. I authorize the Town of Burkeville and its Division of Fire & EMS to conduct background checks and verify employment history, driving records, and professional certifications.

Applicant Signature: _____

Date: _____

DIVISION USE ONLY

Date Application Received: _____	Interview Date: _____
Interviewed By: _____	Background Check Completed: ☐ Yes ☐ No
Driving Record Reviewed: ☐ Yes ☐ No	Certifications Verified: ☐ Yes ☐ No
Hire Decision: ☐ Approved ☐ Denied	Start Date: _____
Authorized Signature: _____	Date: _____