

YORK AREA UNITED FIRE AND RESCUE

Employment Application

Part-Time

Full-Time

APPLICANT INFORMATION						
Last Name		First		M.I.	Application Date	
Street Address					Yrs. at address?	
City		State		ZIP		
Previous Address					Yrs. at address?	
City		State		ZIP		
Phone						
Position Applied for		Date avail	Date available			
Email:						
Are you a citizen of the United States of America?		YES 🗌	NO 🗌			
Are you employed now?	YES 🗌	NO 🗌	May we contact your current employer? YES D NO		r? YES NO	
Have you ever worked for or ever applied for YAUFR before?	YES 🗌	NO 🗌	If so, when?			
Have you ever been convicted of a crime other than a minor traffic violation?	YES 🗌	NO 🗌	If yes, explain			
Do you have a valid driver's license?	YES 🗌	NO 🗌	If yes, list your driver's number:			
Do you have a valid commercial driver's license? (CDL)	YES 🗌	NO 🗌				
Are you over 18 years of age?	YES 🗌	NO 🗌				

EDUCATION					
High School			Address		
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree
College			Address		
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree
College (Graduate)			Address		
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree
Trade/Business School			Address		
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree

MILITARY SERVICE	
Branch	From To
Highest Rank Achieved	Type and Date of Discharge or Separation
Are you a present member of the National Guard or Reserves? YES	ES NO

PREVIOUS EMPLOYMENT – PLEASE LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT						
Company				Phone ()		
Address Sup			Supervisor	Supervisor		
Job Title				Salary/Wage \$		
From	То	Reason for Leaving				
Company				Phone ()		
Address			Supervisor			
Job Title				Salary/Wage \$		
From	То	Reason for Leaving				
Company				Phone ()		
Address			Supervisor			
Job Title				Salary/Wage \$		
From	То	Reason for Leaving				
Company				Phone ()		
Address			Supervisor			
Job Title				Salary/Wage \$		
From	То	Reason for Leaving				

DO YOU HAVE THE FOLLOWING CERTIFICATIONS. IF SO, PROVIDE A COPY OF EACH.			
Firefighter 1	ЕМТ		
Emergency Vehicle Operator Course (EVOC)	Pump Ops 1		
Basic Vehicle Rescue	Hazmat Ops Level		
Confined Space Rescue	Firefighter 2		

ADDITIONAL CERTIFICATIONS, QUALIFICATIONS AND TRAINING EXPERIENCE – LIST ANY THAT APPLY			

PLEASE LIST ANY DEPARTMENTS & A CONTACT YOU HAVE BEEN AFFILIATED WITH VOLUNTEER OR CARREER NOT ALREADY LISTED				
Department:	Contact:	Yrs.		
Address	Phone ()			
Department:	Contact:	Yrs.		
Address	Phone ()			
Department:	Contact:	Yrs.		
Address	Phone ()			

References – please list three persons not related to you, whom you have known at least one year			
Name	Occupation	Yrs. Known	
Address	Phone ()		
Name	Occupation	Yrs. Known	
Address	Phone ()		
Name	Occupation	Yrs. Known	
Address	Phone ()		

DISCLAIMER AND SIGNATURE

I understand and certify that the facts contained on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that the completion of this application does not guarantee me an interview or employment.

Signature

Date

The York Area United Fire and Rescue Commission recognize and embrace the concept of Equal Employment Opportunity. It is the Commission's policy to recruit and hire persons without regard to race, color, religion, gender, national origin, age, non-job related disabilities or any other legally protected status