



Oley Fire Company Ambulance Membership Application

DO NOT WRITE IN THIS BOX
Rec'd: __/__/__ By: _____
Disposition: Approved ___ Rejected ___
Date of Hire: __/__/__

Employee: EMT-P: _____ EMT: _____ Other: _____

INSTRUCTIONS TO APPLICANTS Complete all parts of application form. Provide as much information as possible including full names, addresses, phone numbers and details. Completed applications are to be returned to Oley fire Company Ambulance C/O Marie Haas, Chief, PO Box 381 Oley PA 19547

PERSONAL INFORMATION

Name: _____ Date of Birth: __/__/__
Last First Middle

Address: _____ Phone Number: _____
_____ SS#: _____

Phone Number: _____ Email Address: _____

Are you a U.S. Citizen? _____ Have you ever been convicted of a crime? _____

If yes, please explain: _____

Do you have a Drivers License? _____ If yes, what state? _____ Class: _____

Restrictions: _____ Operator Number: _____

Has your License ever been suspended? _____ If yes, please explain: _____

MILITARY

Have you been in the Armed Forces: _____ If Yes, what branch: _____

How many years: _____ Type and Date of Discharge: _____

List Specialized Training: _____

EDUCATION

High School: _____ Dates: _____

Vo-Tech or Trade School: _____ Dates: _____

College: _____ Dates: _____

Degrees Earned: _____

Major Studies: _____

GENERAL INFORMATION

List any training or certifications you have which would be a benefit to this organization:

Certification	Expiration Date
PHRN, EMT-P, First Responder Number: _____	Date: _____
PHTLS/ BTLs: _____	Date: _____
CPR: _____	Date: _____
EVOC: _____	Date: _____
HAZMAT: _____	Date: _____
BASIC VEHICLE RESCUE: _____	Date: _____

Are you currently or have been a member of an organization such as Oley Ambulance? _____

If yes, what organization? _____

Person in Charge: _____ Telephone Number: _____

Have you ever been, or are you currently authorized to use blue lights? _____

If yes, by whom: _____

Do you know any members of Oley Ambulance? _____ If yes, name of person: _____

REFERANCES

List three (3) Personal; References:

Name: _____ Telephone Number: _____

Address: _____

How long have you known this person? _____ Occupation: _____

Name: _____ Telephone Number: _____

Address: _____

How long have you known this person? _____ Occupation: _____

Name: _____ Telephone Number: _____

Address: _____

How long have you known this person? _____ Occupation: _____

EMPLOYMENT

Current Employer: _____ Years Employed: _____

Address: _____ Phone Number: _____

Position or Job Title: _____

PREVIOUS EMPLOYMENT

Name: _____ Telephone Number: _____

Address: _____

Position Held: _____ Salary: _____

Reason for Leaving: _____

Name: _____ Telephone Number: _____

Address: _____

Position Held: _____ Salary: _____

Reason for Leaving: _____

Name: _____ Telephone Number: _____

Address: _____

Position Held: _____ Salary: _____

Reason for Leaving: _____

Statement of Certification

I undersign, hereby claim that, to the best of knowledge, all information provided in this application is true and correct. Further, I understand that any information which has been given incorrectly is cause for rejection or dismissal from the company, Permission is hereby granted to Oley Fire Company to contact any and all persons listed on this application, any government agency which may have knowledge of my background.

Signature: _____

Date: _____

Oley Fire Company Ambulance does not discriminate on the basis of race, color, sex, religion, ancestry, national origin, age or non-job related handicap or disability in the programs of activities it operates.