

Chester County Station 2 | Established 1894

Application for Employment

D 17.0	
Personal Information	
Name:	
Address:	
Date of birth:	
Phone number: Email addre	ess:
Pennsylvania driver's license number:	
Position	
Firefighter/EMTFirefighter/I	ParamedicParamedic
Full Time	Part Time
Education	
High school name:	
Address:	
Dates attended (mm/yy – mm/yy):	
College/university name (if applicable):	
Address:	
Dates attended (mm/vv – mm/vv):	Graduate? Y N

Employment History (List ALL employers in past 5 years) Company: Position:

Company:	Position:	
Address:		
Phone number:		
Dates employed (mm/yy – mm/yy):		
Reason for leaving:		
Supervisor:	May we contact this employer? Y	N
Company:	Position:	
Address:		
Phone number:		
Dates employed (mm/yy – mm/yy):		
Reason for leaving:		
Supervisor:	May we contact this employer? Y	N
Company:	Position:	
Address:		
Phone number:		
Dates employed (mm/yy – mm/yy):		
Reason for leaving:		
Supervisor:	May we contact this employer? Y	N

Please attach additional pages if needed

Criminal History
Have you ever been convicted of a crime more severe than a summary offense (e.g., misdemeanor or felony)?YesNo
If you answered yes to the above question, provide a brief description below. Please include the name of the offense(s), number of convictions, and sentence(s):
References (at least one professional)
Name:
Phone number:
Email address:
How do you know this person?
How long have you known this person?
Does this person know you have listed them as a reference? Y N
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Phone number:
Email address:
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How long have you known this person?
Does this person know you have listed them as a reference? Y N

A cover letter and resume shall accompany this application