

Levittown-Fairless Hills Rescue Squad, Inc.

7405 New Falls Road - Levittown, PA 19055-1008 - (215) 547-2822

Please visit our website on the Internet at www.lfhrs.com

Application For Employment or Other Status

Attached are several forms that need to be completed in order for your application to be processed. Please follow these directions when completing this application for employment/other status (the back of this page is a history of the Levittown-Fairless Hills Rescue Squad, Inc. ("Squad" or "LFHRS") for your information):

- 1) Please check what type of status you are applying for on page 3 and then complete all sections as indicated under which status you have selected.
- 2) You must be at least 16 years of age to volunteer with the Squad and at least 18 years of age to become employed. If you are under 18 years of age and wish to volunteer, please read and make sure you understand Section 11A before proceeding with this application.
- 3) Section 12 is a request for a criminal history background check that all volunteer and employment applicants over the age of 18 must complete. If you are 18 years of age or older and you do not complete this section, the entire application will be voided.
- 4) Section 13 is a summary of the **DRUG AND ALCOHOL POLICY** of the Levittown-Fairless Hills Rescue Squad. All volunteer and employment applicants must read this Policy **CAREFULLY** and sign the consent form labeled Exhibit A.
- 5) Section 14 is an "Employment or Other Status File" form. All applicants need to fill out the top half of this form.
- 6) Place the entire packet, still stapled, into the metal mailbox labeled Administrative Manager located in the ambulance bay to the left of the bulletin board.

Please make sure you have:

- 1-Signed all documents.
- 2-Attached all appropriate photocopies.
- 3-Read and understood all statements.



If you have any questions or you were unable to complete any portion of the application, please attach a note to the packet or call Kenn Mason, Chief of Operations at (215) 547-2822, x 21.

Thank you for your interest and submitting an application.
You will be hearing from us in the very near future.

The History of the Levittown-Fairless Hills Rescue Squad, Inc.

During the first few months of 1955, five people met at various times to discuss the possibility of organizing a rescue squad to serve the growing communities of Levittown and Fairless Hills. These people sold subscriptions to the Evening Times to raise funds for a down payment on a used 1948 Buick ambulance.

The first recorded membership meeting of the "Levittown Emergency Squad" was held at the John Billington Post of the V.F.W. Attending the meeting were only eight people. They were: Fred Smith, Olga Buck, James McGonigle, Robert Goldsmith, Bernard Korson, Mrs. Lee Garb, Michael Garmella, and Betty Croingshield. Plans were discussed to hold a first aid class to train new members. The ambulance was to be housed in the rear garage of the Beck Mortuary. These were the first members of the squad, and this was their first headquarters.

By August 7, 1955, the general membership voted to purchase a second ambulance to facilitate transporting patients out of the immediate area. On November 1, 1955, at a special meeting, a revised constitution and bylaws governing the Levittown Emergency Squad was adopted. At that same meeting, the name of the organization was changed. From then on it was to be known as **The Levittown-Fairless Hills Rescue Squad, Inc.**

Within one year, the squad had outgrown its first headquarters, and in the Fall of 1956 moved to the old Bolton Mansion in Holly Hill. The building was rented to the squad for one dollar per year, by Levitt and Sons. The rapidly growing organization had responded to approximately 500 calls during its first year.

In January of 1962 the rescue squad had grown from its original eight members to over one hundred, and had responded to nearly 2,000 calls per year. Squad headquarters was once again moved to a new, larger location at 7405 Newportville Road. Less than four years later, a garage was built to house the five ambulances the squad now operated.

As the Levittown-Fairless Hills community increased, so did the demand for ambulance services. In March of 1971, a group of squad members began construction on a larger and more functional headquarters. The new headquarters was built onto the existing garage. As operating expenses and the demand for services increased, funds obtained through donations and block collections became insufficient. Progress on the new headquarters came to a standstill. In January of 1973, the squad appealed to the public for donations, through its first subscription drive. The response was overwhelming. Local businessmen offered financial aid, and through the generosity of the public, progress on the building resumed in 1974.

In the early 1980's the County of Bucks initiated a new form of care to the community, **Mobile Intensive Care Units**, staffed by **Paramedics**, and the squad was there with the most students in the first paramedic class. The first M.I.C.U. was in service to the Levittown-Fairless Hills community in approximately one year, staffed with volunteers from the squad.

By the end of 1983, it was apparent that the squad should once more expand its service to the community. More calls were coming in for the service of the squad, and so in January of 1984 work began on the creation of a sub-station, to be located in Falls Township. A location was found on Makefield Road, and the squad acquired the old Falls Township Fire Company sub-station.

Today, forty-five years later, **The Levittown-Fairless Hills Rescue Squad, Inc.** has grown from eight members, who would volunteer their time to the community, by riding in a used 1948 ambulance when possible, to a full compliment of ALS and BLS units, manned 24 hours a day, 7 days a week, from two locations.

From the rear of a mortuary to our current locations, our goal has always been to provide the best possible care to the community, and as it so eloquently states it in the official squad prayer:

Intensify our compassion for our fellow man. Grant that we may place above all else the services we are duty bound to render our fellow man. Give us the strength and serenity to carry out our duties in the face of grave and sometimes-hopeless situations. Let us give more of ourselves in every situation we encounter, for we pass this way but once.

Levittown-Fairless Hills Rescue Squad, Inc.

DATE

Application

THIS APPLICATION WILL BE KEPT ON FILE FOR A PERIOD OF NOT GREATER THAN SIX MONTHS OF THE DATE SUBMITTED.

LFHRS is an equal opportunity employer. We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other status protected by state or federal law.

(Please check one)

Volunteer
COMPLETE SECTIONS
1, 2, 3, 8, 9, 10, 11A, 12, 13, 14

Employment
COMPLETE SECTIONS
1, 2, 3, 4, 5, 6, 8, 9, 11B, 12, 13, 14

Preceptor
COMPLETE SECTIONS
1, 3, 7, 8, 9, 11C, 14

Observer
COMPLETE SECTIONS
1, 3, 8, 9, 11D, 14

SECTION 1- PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
ADDRESS			
CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER		CELL PHONE NUMBER	
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE EXPIRATION	SUSPENDED/REVOKED <input type="checkbox"/> N/A	

Are you at least 18 years of age? Yes No

You must be at least 18 years old to become employed by LFHRS. You must be at least 16 years old to Volunteer.

SECTION 2- REFERENCES

(Please list at least three references – Do not include current or former LFHRS members or relatives)

NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER

SECTION 3-CERTIFICATIONS

Type	Cert Number	Expires	Type	Cert Number	Expires
AFA	<input type="checkbox"/> N/A		ACLS	<input type="checkbox"/> N/A	
FR	<input type="checkbox"/> N/A		PALS	<input type="checkbox"/> N/A	
EMT	<input type="checkbox"/> N/A		BTLS	<input type="checkbox"/> N/A	
EMT-P	<input type="checkbox"/> N/A		PHTLS	<input type="checkbox"/> N/A	
HP	<input type="checkbox"/> N/A		EVOC	<input type="checkbox"/> N/A	
CPR	<input type="checkbox"/> N/A		HAZMAT	<input type="checkbox"/> N/A	
FF	<input type="checkbox"/> N/A		HEP-B	<input type="checkbox"/> N/A	
I.C.S	<input type="checkbox"/> N/A		OTHER:	<input type="checkbox"/> N/A	

Date Rcvd-

Application fee received and attached? Yes No Received by:

Please attach a copy of **all certifications, drivers license, and any other pertinent documents**. If the documents are not available to be attached at the time of submission of the application , please forward them to our Administrative Manager at your earliest convenience.

SECTION 4- EMPLOYMENT HISTORY

EMPLOYER		FROM	TO
ADDRESS	TELEPHONE NUMBER	SUPERVISOR' S NAME	
REASON FOR LEAVING		STARTING HOURLY RATE/SALARY	ENDING HOURLY RATE/SALARY
EMPLOYER		FROM	TO
ADDRESS	TELEPHONE NUMBER	SUPERVISOR' S NAME	
REASON FOR LEAVING		STARTING HOURLY RATE/SALARY	ENDING HOURLY RATE/SALARY
EMPLOYER		FROM	TO
ADDRESS	TELEPHONE NUMBER	SUPERVISOR' S NAME	
REASON FOR LEAVING		STARTING HOURLY RATE/SALARY	ENDING HOURLY RATE/SALARY

SECTION 5- EMPLOYMENT INFORMATION

POSITION APPLIED FOR:		Have you ever worked for L.F.H.R.S. before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, when?	FROM	TO	POSITION YOU HELD
REASON FOR LEAVING?			
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PROOF OF IDENTITY AND LEGAL RIGHT TO WORK IN THE UNITED STATES IS REQUIRED IF HIRED.			
INDICATE ANY SPECIAL QUALIFICATIONS OR SKILLS THAT WOULD BENEFIT THE SQUAD IF YOU WERE TO BECOME EMPLOYED.			

SECTION 6- EDUCATION

GRAMMAR SCHOOL			
ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL			
ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
VOCATIONAL OR OTHER TRAINING			

ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
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COLLEGE

ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
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GRADUATE SCHOOL

ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
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SECTION 7- PRECEPTOR INFORMATION

COUNTY YOU ARE TAKING THE EMT-P PROGRAM IN:	REGIONAL EHS OFFICE PHONE NUMBER
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MAIN SQUAD AFFILIATE	SQUAD TELEPHONE NUMBER	CHIEF
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PRIMARY PRECEPTOR- 1	PRIMARY PRECEPTOR- 2
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PRECEPTORS THAT YOU WISH TO RIDE WITH AT LFHRS- 1	2	3
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SECTION 8- GENERAL INFORMATION

REFERRED BY:	DO YOU HAVE ANY FRIENDS OR RELATIVES THAT ARE CURRENTLY WORKING OR VOLUNTEERING FOR THE SQUAD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF SO, WHO?

PLEASE EXPLAIN WHY YOU WANT TO BECOME A MEMBER WITH OUR RESCUE SQUAD:

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SECTION 9- EMERGENCY SERVICES EXPERIENCE

DRIVING: Are you currently an emergency driver at any other emergency service(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

IF YES, WHERE?

PARAMEDICS: Do you have Bucks County command status? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when was it obtained? _____
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Do you have Command Status in any other region? <input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES, WHERE AND WHEN WAS IT OBTAINED?

WHO WERE YOUR PRECEPTORS? - 1	2
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LIST MEMBERSHIPS WITH ANY OTHER EMERGENCY SERVICES THAT YOU BELONG: (AMBULANCE, FIRE DEPT, POLICE DEPT, ETC.) <input type="checkbox"/> N/A	
AFFILIATE- 1	TELEPHONE NUMBER
AFFILIATE- 2	TELEPHONE NUMBER
AFFILIATE- 3	TELEPHONE NUMBER
AFFILIATE- 4	TELEPHONE NUMBER

SECTION 10- VOLUNTEERING INFORMATION	
I AM INTERESTED IN VOLUNTEERING: <input type="checkbox"/> On the ambulance <input type="checkbox"/> Administration <input type="checkbox"/> Other:	
LIST MEMBERSHIPS IN ANY OTHER ORGANIZATIONS THAT YOU VOLUNTEER: (CLUBS, ASSOCIATIONS, ETC.) <input type="checkbox"/> N/A (You may exclude those positions with organizations whose name would indicate race, color, religion, gender, national origin, disability, age or other protected status).	
NAME OF ORGANIZATION/ASSOCIATION-1	TELEPHONE NUMBER
NAME OF ORGANIZATION/ASSOCIATION- 2	TELEPHONE NUMBER
NAME OF ORGANIZATION/ASSOCIATION- 3	TELEPHONE NUMBER
SECTION 11- SIGNATURES	

Application Certification and Acknowledgement

I hereby certify that the information set forth in this application are true and complete and agree to the following:

I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that if any statement made by me on this application or during the pre-hire/approval process is false, misleading, or a material omission, it will prevent me from being hired or approved for other position or, if hired or approved, it will be grounds for my immediate dismissal, regardless of when discovered by the Squad.

I also understand that any offer of employment or volunteer position for any individual over the age of 18 is conditional upon a satisfactory criminal record check. I further understand that any offer of employment or approval for any other position is conditional upon a negative drug and alcohol test. If the criminal record check or drug and alcohol testing is not satisfactory to the Squad, the offer of employment or approval of other status will be withdrawn or, if I have been subsequently employed or approved, employment or other status may be terminated.

I expressly authorize, without reservation, the Squad, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have against the Squad, its agents, employees or representatives, for seeking, gathering and using this information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

In consideration of my employment or position, I agree to conform to the Squad's policies and regulations, and I understand that these policies/regulations, forms/documents and/or the employee handbook do not form a contract of employment or any other contract, either express or implied. I also understand that any employment with the Squad is at-will and the employment status and compensation can be terminated or changed, with or without cause and with or without notice, at any time. I also understand that any other position may be terminated or changed at any time, with or without cause or notice.

***A- Volunteer:**

You must be at least 16 years of age in order to volunteer for the Levittown-Fairless Hills Rescue Squad. Those applying for Volunteer Status who are at least 16 years of age, but are under 18 years of age must meet the minimum requirements as set forth in the Pennsylvania Child Labor Law. These requirements are as follows:

- 1- The applicant must be at least 16 years of age;*
- 2- Valid working papers must be obtained.*

To be a riding volunteer, you must also have:

- 3- Successfully completed an Advanced First Aid course (or equivalent);*
- 4- Successfully completed a Basic Cardiac Life Support course (CPR.)*

You will be contacted about an orientation in the near future. This orientation is necessary to assist you in becoming familiar with our Squad. If you are unable to make the orientation, please advise us at that time and other arrangements will be made.

I expressly agree to the Application Certification and Acknowledgment above.

SIGNATURE OF APPLICANT

DATE

If applicant is under eighteen (18) years of age, signature of parent or guardian is required.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SECTION 11 (Continued)

***B- Employment:**

You must be at least 18 years of age in order to become employed with the Levittown-Fairless Hills Rescue Squad, Inc.

I expressly agree to the Application Certification and Acknowledgment above.

SIGNATURE OF APPLICANT

DATE

***C- Preceptor:**

The Squad maintains the right to accept or deny students in accordance with our Constitution and Bylaws as well as our standard operating procedures as per the Bucks County Emergency Medical Services Field Affiliation Agreement. Accepted students will be required to follow any and all rules set fourth in the previous listed documents as well as any county and state guidelines.

I expressly agree to the Application Certification and Acknowledgment above.

SIGNATURE OF APPLICANT

DATE

***D- Observer:**

The Squad maintains the right to accept or deny observers in accordance with our Constitution and Bylaws as well as our standard operating procedures. Observers will be required to follow any and all rules set fourth in the previous listed documents as well as any county and state guidelines.

I expressly agree to the Application Certification and Acknowledgment above.

SIGNATURE OF APPLICANT

DATE

NOTE: THE CHIEF OF THE LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD MUST APPROVE ALL OBSERVER APPLICATIONS BEFORE THE OBSERVER CAN RIDE.

CHIEF' S SIGNATURE

DATE

SECTION 12- BACKGROUND CHECK

Those applicants the Squad intends to hire for employment or approve for volunteer status will be asked to submit a \$20.00 nonrefundable fee for the cost of the background check/driving record history. The Squad's request for this fee does not guarantee employment or approval of volunteer status.

The Levittown-Fairless Hills Rescue Squad, Inc. may refuse to hire or approve for volunteer

status those individuals who have been convicted of a felony or crime involving moral turpitude, and for other reasons, as determined by the Squad, which pose a potential threat to the health and safety of the public 28 Pa. Code Section 1003.27(a)(14)(17). "Conviction" as used in this paragraph shall include a judicial finding or verdict of guilty, or a plea of nolo contendere.

Applicants whose criminal histories indicate a positive response; and who have been convicted of either a misdemeanor or a felony that relate to the suitability for the position for which they have applied may be requested to provide a certified copy of relevant court documents showing the date, outcome, and conditions. A letter of reference from their parole officer is required if the applicant had been or is currently on probation.

Applicants who have been convicted of either a misdemeanor or felony, that relate to the suitability of the position for which they have applied, outside of Pennsylvania, must obtain a detailed criminal history report from the appropriate law enforcement agency located within the state where the incident occurred, along with a certified copy of relevant court documents showing the date, outcome, and conditions. A letter of reference from their parole officer is required if the applicant had been or is currently on probation.

The Squad must assure that EVERY applicant signs and dates the criminal background release form (unless they are under the age of 18). Persons who do not complete a criminal background release form, or will not sign the form, will not be considered for employment or volunteer position. This form is part of the application process and will be kept on file with the returned criminal history check.

If the Request for Criminal Record Check comes back stating "disposition not received," the Squad is to notify the applicant IMMEDIATELY to submit:

1. A certified copy of relevant court documents showing dates, outcome, and conditions set by the court.
2. A letter of reference from the applicant's parole officer, if the applicant had been or is currently on probation.

NOTE: Applicants who are hired for employment must also complete the "Request for Driver Information" form (DL-503). This form will be provided to you in the orientation packet. Applicants hired for employment may complete their orientation while waiting for these background checks to be completed; however they will not be scheduled to work until all checks are completed.

SECTION 12- BACKGROUND CHECK (*Continued*)

**PERSONAL DATA FOR BACKGROUND CHECK (Adults only - not for use with minors)
PLEASE PRINT NEATLY**

NAME (Last, First, MI)		
LIST ANY OTHER FORMER NAMES USED		DATE OF BIRTH(OPTIONAL)*
SOCIAL SECURITY NUMBER	DRIVER ' S LICENSE NUMBER	STATE OF ISSUE

*DOB is being requested in order to obtain accurate retrieval of records.Has your driver license ever been suspended or revoked? (if yes, explain in detail-includes currently)_____

Have you ever been convicted of any crime (including misdemeanor or felony) and/or for motor vehicle violations in Pennsylvania or any other state? (if yes, please explain in detail):_____

I understand that any falsification of any information automatically voids my application. I hereby give Levittown-Fairless Hills Rescue Squad and their employees, representatives or agents, and the local police department(s) permission to investigate my criminal background and obtain any information deemed to be necessary for the completion of this application.

SIGNATURE OF APPLICANT

DATE

DATE BACKGROUND CHECK REQUESTED	PERSON REQUESTING INVESTIGATION	BACKGROUND FORM GIVEN TO:
DATE BACKGROUND CHECK COMPLETE	BACKGROUND CHECK COMPLETED BY:	COMPLETED CHECK GIVEN TO/DATE
BACKGROUND CHECK FINDINGS		

SECTION 13- DRUG AND ALCOHOL TESTING CONSENT FORM

EXHIBIT A

Levittown-Fairless Hills Rescue Squad's Drug and Alcohol Policy (“the Policy”) requires that all applicants, as a condition of employment or other status, be tested for the presence of alcohol or illegal drugs. Levittown-Fairless Hills Rescue Squad will not hire or approve any applicant whose test indicates use of illegal drugs or the presence of alcohol. If you wish to be considered for employment or other status,

CAREFULLY read the attached Drug and Alcohol Policy and sign the following consent form and release.

I HAVE READ AND UNDERSTOOD THE LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD DRUG AND ALCOHOL POLICY AND THIS TESTING CONSENT FORM. I ACCEPT LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD'S CONDITIONS FOR CONSIDERATION FOR EMPLOYMENT OR OTHER STATUS, AND I AGREE TO BE TESTED FOR THE PRESENCE OF ALCOHOL OR ILLEGAL DRUGS. I AUTHORIZE THE TESTING AGENCY TO PROVIDE THE TEST RESULT TO LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD. I ACKNOWLEDGE THAT LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD IS NOT REQUIRED TO PROVIDE THE TEST RESULT TO ME UNLESS I SO REQUEST WITHIN 30 DAYS AFTER I AM NOTIFIED OF THE DISPOSITION OF MY APPLICATION. I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD'S DRUG AND ALCOHOL POLICY PRIOR TO SIGNING THIS CONSENT FORM. I HEREBY RELEASE AND FOREVER DISCHARGE LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD AND ITS AFFILIATES, EMPLOYEES, REPRESENTATIVES AND/OR AGENTS FROM ANY CLAIM, LIABILITY OR OBLIGATION RELATED TO THE APPLICATION OF THIS POLICY, TESTING FOR ALCOHOL OR ILLEGAL DRUGS, USE OF INFORMATION FROM THE TESTS OR RELEASE OF SUCH INFORMATION.

Name of Witness (Please print)

Name of Applicant (Please Print)

Witness Signature

Applicant Signature

Date

Date

(Have parent/guardian co-sign if under 18 years of age)

SECTION 14- EMPLOYMENT OR OTHER STATUS FILE

- Volunteer Employment Preceptor Observer

Name: _____

Address: _____

SS#: _____

Home Phone # _____

Unlisted Phone # _____

e-mail: Yes No

Pager # _____

e-mail address: _____

Cell Phone# _____

Nextel: Yes No

Work Phone# _____

Nextel ID# _____

Certifications: _____

***** DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY *****

ACTIVITY	DATE	COMMENTS
Date application received and fee forwarded to A/R		
Date application forwarded to Admin Manager		
Date application forwarded for background check		
Date background information received		
Date references contacted		
Date of interview (Employment applicants only)		
Date brought up for hire/approval		[] Accepted [] Rejected
Date orientation attended		
Date information put in phone list		
Date information forwarded to Training Officer		
Projected date for ID access card to building (3 mos.)		
Date ID access card granted		
Projected date to come off probation (6 mos)		
Date off probation		
MISCELLANEOUS INFORMATION & COMMENTS		