



# Lower Kiski EMERGENCY SERVICES

80 Kiski Avenue P.O. Box 397

Leechburg, Pa. 15656

Phone: 724-845-8504 Fax: 724-845-8237

Name:		Date:	
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Date of birth:		Social Security Number:	
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Address:	
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Phone (Day)	(Evening)	(Cell)
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Status applying for:	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Specialist
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Division:	<input type="checkbox"/> EMS Division	<input type="checkbox"/> Marine Division	<input type="checkbox"/> Rescue Division	<input type="checkbox"/> Support Division
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DOH Certification:	Expiration:	Cert:
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Do you have E.V.O.C. training?	
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List all operations or technician level training relevant to public safety:
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Do you have any physical limitations that we may need to make accomidations for?
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If yes please explain:
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Are you willing to submit to drug and alcohol screening?	
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Have you ever been convicted of a felony?	
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Have you ever been guilty of Government fraud?	
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Have you ever been found guilty of any traffic offenses?	
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If yes please explain:
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Are you currently involved with any other emergency services?	
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Name of services:	Phone number
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Name of Chief or Director	
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May we contact them?	
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List two references:	Name:	Phone:
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	Name:	Phone:
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