

Fire Medic

Town of Lincoln

The Town of Lincoln is currently seeking candidates to establish an eligibility list for the position of Fire Medic. All prior applicants need to re-apply.

Applicants must meet the following requirements:

- High School Diploma or equivalency
- Must be currently licensed at the minimum level as a Rhode Island AEMT-Cardiac
- Must have FF Level I/II**

Those candidates who do not currently possess a Rhode Island AEMT-Cardiac or Paramedic license must either submit a letter from their Instructor/Coordinator that they are currently in a program as an EMT-Cardiac or Paramedic student or submit a copy of a course completion certificate that they have successfully completed an EMT-Cardiac or Paramedic training program as part of this application. In addition this group of applicants must also present to the Town of Lincoln Personnel Director a Rhode Island EMT-Cardiac or Paramedic license once they have become licensed. Appointment is contingent upon having either credential

- Must possess a valid driver's license
- Must pass a written exam
- Must complete a physical agility test offered by Lincoln Rescue Service
- Must agree to a criminal background check
- Must serve a one (1) year probationary period

**** Applicants who do not have FF Level I/II training will need to successfully complete**

Applicants **MUST** submit a copy of their birth certificate, driver's license, AEMT-C license, or letter and a copy of their H. S., college degree or equivalency certification at the time applications are submitted. Completed applications **must be returned** to the Lincoln Personnel Department, 100 Old River Road, Lincoln, RI. **by 12pm on Friday June 22, 2018.** Applications are available on the Town's website (www.lincolnri.org) EOE/AA



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date: _____

PERSONAL INFORMATION

Name:		Social Security Number:		
Last	First	Middle		
Present Address:				
Street		City	State	Zip
Permanent Address:				
Street		City	State	Zip
Are you 18 Years Or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No:	Apartment No:	
In Case Of Emergency Notify				
Name		Address	Phone	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT DESIRED

Position:	Date you can start:	Salary Desired:
Are you Employed Now?	If so may we inquire of your present employer?	
Ever applied to this company before?	When?	
Ever worked for this company before?	When?	
Reason for leaving		
What town department did you work for?	Supervisors Name:	
Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Other		
<input type="checkbox"/> College Placement Service <input type="checkbox"/> Walked In <input type="checkbox"/> Friend		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

Subjects of special study or research work:
Special Training:
Special Skills:

FORMER EMPLOYERS

(LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

Name and Address of Present or Last Employer:

Starting Date:

Month

Year

Leaving Date:

Month

Year

Weekly starting salary:

Weekly final salary:

Job Title:

May we contact your supervisor?

Name and Title of Supervisor:

Phone No:

Description Of Work:

Reason for leaving:

Name and Address of Present or Last Employer:

Starting Date:

Month

Year

Leaving Date:

Month

Year

Weekly starting salary:

Weekly final salary:

Job Title:

May we contact your supervisor?

Name and Title of Supervisor:

Phone No:

Description Of Work:

Reason for leaving:

Name and Address of Present or Last Employer:

Starting Date:

Month

Year

Leaving Date:

Month

Year

Weekly starting salary:

Weekly final salary:

Job Title:

May we contact your supervisor?

Name and Title of Supervisor:

Phone No:

Description Of Work:

Reason for leaving:

REFERENCES

(LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME:	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

SERVICE RECORD

Branch of Service:

Discharge Date:

Rank:

Present Membership in
National Guard Reserve?

Date obligation ends:

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR LEGALLY PERMISSIBLE REASONS.

Height _____ Feet _____ Inches Are you a U.S. Citizen? _____ Yes _____ No

Are you able to perform each of the following job functions with or without an accommodation?

Job Function 1: _____ Yes _____ No

If you can perform the function with an accommodation , explain how you would perform the tasks and with what accommodation

Job Function 2: _____ Yes _____ No

If you can perform the function with an accommodation , explain how you would perform the tasks and with what accommodation

Were you ever seriously injured? _____ Yes _____ No

Give Details:

What foreign language do you speak frequently

I understand and agree that I may be required to take one or more _____ physical examination (s) as a condition of hiring or continuing employment. I agree to consent to take such test(s) at such time as designated by the town and to release the town, it's directors, officers, agents, or employers from any claim arising in connection with the use of such test(s) _____ Yes _____ No

AUTHORIZATION

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RESCUE'S RULES AND REGULATIONS AND THE TOWN OF LINCOLN'S POLICIES AND PROCEDURES.

Date: _____ Signature _____