# Holloway Terrace Volunteer Fire Company No. 1, Inc.

Post Office Box 684, Manor Branch New Castle, Delaware 19720

# Part-Time EMT Opportunity

# Job Title: Part Time EMT

The Holloway Terrace Fire Company is seeking qualified applicants to fill part-time positions for EMS Staffing. The Holloway Terrace Fire Company provides Fire, Rescue, and EMS services to New Castle County and surrounding areas. The applicant will be expected to maintain all qualifications and certifications as required, to perform duties related to EMS in the State of Delaware.

#### Minimum Requirements for Application:

High School diploma or equivalent Must be at least 18 year of age Have a valid Delaware Driver's License Non-Member of the Holloway Terrace Volunteer Fire Company

# Minimum Training and Qualifications are as follows:

- State of Delaware Emergency Medical Technician
- Nationally Registered Emergency Medical Technician
- Current CPR Certification
- Emergency Vehicle Operator
- Valid Driver's License
- 2 or more years of 911 EMS experience preferred

## Nature of Work:

Responsibilities include staffing of EMS units and responding to any and all Fire and EMS related incidents that may be dispatched. Light building and apparatus maintenance as required. As well as duties or tasks that may be assigned to the employee by the President and/or the Fire Chief.

#### **Compensation:**

\$21.00 an hour Designated Holiday Pay

# Holloway Terrace Volunteer Fire Company No. 1, Inc. Post Office Box 684, Manor Branch New Castle, Delaware 19720

#### Hours of Work:

6 hour and 12 hour shifts

#### **Application Procedure:**

Interested parties should supply a completed application, resume, a completed State and Federal background check that is less than 1 year old, recent copy of training transcripts, and a copy of a recent driving record to Fire Chief Robert Snyder, at 700 West Ave., New Castle, DE 19720. Any questions can be referred to Chief Snyder between the hours of 0800-1600 by calling 302-654-2817 Extension 208 or via email rsnyder@ht20fc.com.

# Holloway Terrace Volunteer Fire Company No. 1, Inc.

Post Office Box 684, Manor Branch New Castle, Delaware 19720

# Part Time Firefighter/EMT and EMT Staff Posting

In order to apply please complete the attached checklist and application and submit the following items:

Completed Application
Resume
Complete and certified copy of driving record from motor vehicle
Complete and certified criminal background check
Copies of certifications
Relevant transcripts

Thank you for your interest in becoming a Part Time employee with the Holloway Terrace Fire Company.

To submit your application

## Mail or in-person:

Holloway Terrace Fire Company Attn: Fire Chief Robert Snyder 700 West Ave. New Castle, DE 19720

## **Email (preferred)**

rsnyder@ht20fc.com

# Holloway Terrace Fire Company Employment Application

Programs, services and emp are available equally to ev Please inform us if you r reasonable accommodatio application or intervio	veryone. equire on for the	Date: / Part Time Position Applied For: How were you referred to us?
APPLICANT DATA:		Walk In Referred by:
Full Name:	FIRST MIDDLE	Advertisement on:
		State: Zip:
Phone: ( ) Mol	bile/Other Phone: ( )	E-Mail Address:
Date available to start:/	/ Social Security #:	Salary Requirement: \$
If you are under 18 and we requ	uire a work permit, can you furnish	one? 🗆 Yes 🗆 No
If no, please explain:		
Have you previously worked for	r Holloway Terrace Fire Company?	□ Yes □ No If yes, when?
Are you legally eligible for empl documentation to verify eligibility.)	loyment in the United States? $\Box$ Ye	es $\square$ No (If offered employment, you will be required to provide
Type of employment desired:	Part Time Temporary Availa	ability
Have you ever pled "guilty" or "	'no contest" to or been convicted o	of a crime? $\Box$ Yes $\Box$ No If yes, give dates and details:
(Answering yes to these questions doe violation, rehabilitation and position a		employment. Date of the offense, seriousness and nature of the
Driver's license number if applic	cable to position:	State:
EDUCATION:		
High School:	Address:	
# of Years Completed:	Did you graduate? 🗆 Yes 🗆 N	o
College/University	Address:	
# of Years Completed:	Did you graduate? 🗆 Yes 🗆 N	o Degree:
Major:	GPA:	_ Class Rank:
Other:	Address:	
		- Decision
# of Years Completed:	Did you graduate? 🗆 Yes 🗋 N	o Degree:
# of Years Completed:	Did you graduate ? 🗆 Yes 🗆 N	o Degree:

Type of License(s) Held: \_\_\_\_\_\_

Type of Certification(s) Held: \_\_\_\_\_\_

Other Professional Memberships: \_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status).

ame: Phone: ( ) State: ddress: City: State: ame: Phone: ( ) ddress: City: State: EVIOUS EMPLOYMENT (begin with most recent position): tes of Employment: From/_/ To/_/ Position(s) Held: n: Address: ponsibilities: Ending Title: ison for Leaving: Ending Title: y we contact this employer for reference? Yes No ates of Employment: From// To/ Position(s) Held: rrn: Address: hone: ( ) Supervisor: Title: esponsibilities: tarting Title: Ending Title: tarting Title: No tes of Employment: From/_/ To/ Position(s) Held: tarting Title: Ending Title: tarting Title: Ending Title: tarting Title: Supervisor: Title: ponsibilities: Ending Title: ponsibilities:	ou have not been employed:	nd by whom you h	om you are not related	nd telephone numbers of two people to v	<b>REFERENCES:</b> Please furnish the names, addresses
ame: Phone: ( ) ddress: City: State: EVIOUS EMPLOYMENT (begin with most recent position): tes of Employment: From _/ _/ _ To _/ _/ Position(s) Held: n: Address: Title: ponsibilities: Ending Title: y we contact this employer for reference?   Yes   No ates of Employment: From _/ _/ _ To _/ _/ _ Position(s) Held: rrn: Address: hone: ( ) Supervisor: Title: esponsibilities: Ending Title: tarting Title: Ending Title: tarting Title: Ending Title: tarting Title: Ending Title: tay we contact this employer for reference?   Yes   No tes of Employment: From _/ _/ _ To/ Position(s) Held: tarting Title: Ending Title: tay we contact this employer for reference?   Yes   No tes of Employment: From _/ _/ _ To/ Position(s) Held: tarting Title: Ending Title: tay we contact this employer for reference?   Yes   No tes of Employment: From _/ _/ _ To/ Position(s) Held: n: Address: ponsibilities: Ending Title: ponsibilities: Ending Title: tring Title: Ending Title: tring Title: Ending Title:		)	Phone: (		Name:
ddress:City:State:   EVIOUS EMPLOYMENT (begin with most recent position):   tes of Employment: From//To/ Position(s) Held:   n:Address:   ponsibilities:   rting Title:   isson for Leaving:   tarting Title:   ates of Employment: From//To/ Position(s) Held:   m:	Zip:	_ State:		City:	Address:
EVIOUS EMPLOYMENT (begin with most recent position):         tes of Employment: From// To// Position(s) Held:         nn: Address:		)	Phone: (		Name:
ress of Employment: From// To// Position(s) Held:   n: Address:   one: ( ) Supervisor: Ending Title:   soon for Leaving:   y we contact this employer for reference? □ Yes □ No   ates of Employment: From/_/ To/_/ Position(s) Held:   rm: Address:   hone: ( ) Supervisor: Title:   esponsibilities:   tarting Title: Ending Title:   tarting Title: Ending Title:   tarting Title: Ending Title:   tarting Title:	Zip:	_ State:		City:	Address:
n:			ition):	begin with most recent po	PREVIOUS EMPLOYMENT
one: ( )			Position(s) Held: _	//To//	Dates of Employment: From
ponsibilities:   rrting Title:   eason for Leaving:   y we contact this employer for reference?   Yes   No   ates of Employment: From   /To  Address:  Address:				Address:	-irm:
rting Title: Ending Title: asson for Leaving: y we contact this employer for reference?   Yes   No ates of Employment: From// To// Position(s) Held: rm: Address: Title: hone: ( ) Supervisor: Title: esponsibilities: Ending Title: tarting Title: Ending Title: lay we contact this employer for reference?   Yes   No tes of Employment: From// To// Position(s) Held: n: Address: tring Title: Title: pone: ( ) Supervisor: Title: rting Title: Ending Title: tring Title: Ending Title:		:le:	Т	Supervisor:	<sup>o</sup> hone: ( )
son for Leaving:					Responsibilities:
y we contact this employer for reference?  Yes No ates of Employment: From//To// Position(s) Held: rm:Address:Title: thone: ( )Supervisor:Title: esponsibilities:Ending Title: tarting Title:Ending Title: tay we contact this employer for reference?  Yes No tes of Employment: From//To/ Position(s) Held: n:Address:Title: ponsibilities: Ending Title: tarting Title: Supervisor:Title: Title: tes of Employment: From//To/ Position(s) Held: tes of Employment: From//To/ Position(s) Held: tes of Employment: From/ Supervisor: Title: tes of Employment: From Ending Title: tes of Employment: From Ending Title:			ing Title:	En	Starting Title:
ates of Employment: From// To// Position(s) Held: rm: Address: Title: hone: ( ) Supervisor: Title: esponsibilities: Ending Title: tarting Title: Ending Title: lay we contact this employer for reference? I Yes I No res of Employment: From/_/ To/_/_ Position(s) Held: n: Address: Title: ponsibilities: Title: Title: ponsibilities: Ending Title: Title:					Reason for Leaving:
rm: Address: Title: hone: ( ) Supervisor: Title: esponsibilities: Ending Title: tarting Title: Ending Title: lay we contact this employer for reference?   Yes   No tes of Employment: From// To// Position(s) Held: n: Address: pone: ( ) Supervisor: Title: ponsibilities: Ending Title: son for Leaving:				r for reference? 🛛 Yes 🗌 N	May we contact this employ
esponsibilities: Ending Title: tarting Title: Ending Title: eason for Leaving: lay we contact this employer for reference?   Yes   No tes of Employment: From// To// Position(s) Held: n: Address: one: ( ) Supervisor: Title: ponsibilities: Title: sponsibilities: Ending Title: ason for Leaving:					
tarting Title: Ending Title: eason for Leaving: lay we contact this employer for reference?   Yes   No tes of Employment: From// To// Position(s) Held: n: Address: one: ( ) Supervisor: Title: ponsibilities: Title: tring Title: Ending Title:		۲itle:	,	Supervisor:	Phone: ( )
eason for Leaving:					Responsibilities:
eason for Leaving:			ding Title:		
Nay we contact this employer for reference? Yes No   Address: Address: Address: Title: Title: Title: Title: Supervisor: Ending Title: Son for Leaving:					
res of Employment: From// To// Position(s) Held:         n: Address:         one: ( ) Supervisor: Title:         rponsibilities:         rting Title:         eson for Leaving:					
n: Address: one: ( ) Supervisor: Title: ponsibilities: Title: rting Title: Ending Title: ason for Leaving:					
one: ( ) Supervisor: Title: ponsibilities: Title: rting Title: Ending Title: ason for Leaving:					
ponsibilities:Ending Title:					
rting Title: Ending Title: ason for Leaving:					
ason for Leaving:					
y we contact this employer for reference? 🛛 Yes 🗌 No					

origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Holloway Terrace Fire Company to hire me. If I am hired, I understand that either HTFC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of HTFC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Holloway Terrace Fire Company true and complete information on this application. No requested information has been concealed. I authorize Holloway Terrace Fire Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.