



Preliminary Employment Application

This Preliminary Employment Application will be used to record applicants for employment with the Cherry Hill Fire Department. The applicant must complete the application in its entirety and submit the application within the specified time-period.

FAILURE TO ANSWER ALL QUESTIONS PERTINENT TO THE POSITION YOU ARE APPLYING FOR WILL PREVENT YOU FROM PROCEEDING FURTHER IN THE APPLICATION PROCESS

CHECK POSITION FOR WHICH YOU ARE APPLYING:

- Cherry Hill Career Firefighter Career EMT Per Diem EMT
- Civilian Employee (Position) _____
- Other _____

ANSWER ALL QUESTIONS BELOW: PLEASE PRINT OR TYPE:

Last Name:		First Name:		Middle Initial:	
Address:					
Apt #:		City:		County:	
State:		Zip:		How long have you lived at this address:	Years: ____ Months: ____
DOB:		Age:		Social Security Number:	
Email Address:		<i>Your email address will be the primary method of communication with the CHFD. Type or print information clearly. The Candidate is responsible for checking their Spam Folder for CHFD emails.</i>			
Home Phone #:		Cell Phone #:			
<small>Include area code:</small>		<small>Include area code</small>			

FOR ALL APPLICANTS:

Driver's License: Do you have a valid driver's license? Yes No

What is your Driver's License Number? _____ State: _____

Are you a Citizen of the United States? Yes No

Are you able to read, write and speak the English Language? Yes No

Do you have a high school diploma or equivalent? Yes No

Do you have the ability to perform the duties and responsibilities of the job for which you are applying?
Yes No



FOR ALL APPLICANTS:

Have you ever been convicted of a crime? If yes, provide details below per charge: Yes No

Date:	Place:	Address:	Charge:	Disposition:

EMT APPLICANTS ONLY - CERTIFICATIONS:

Please indicate which of the following training credentials you currently have and their expiration dates:

Certification:	Expiration Date:	Date Originally Certified:
EMT ID Number		
CPR Professional		
PHTLS		
Paramedic		
ACLS		
Other (List):		

As a Certified Paramedic or EMT, have you ever been the subject of a complaint or investigation by a State or Federal reimbursement or regulatory agency for administrative, medical fraud or certification matters?

Yes No

If yes, please explain below:

FIREFIGHTER APPLICANTS ONLY:

Will you be 19 years of age as of December 31, 2018? Yes No

Are you at least 21 years of age (Career)? Yes No

Are you less than 35 years of age (Career)? Yes No

Are you interested in attending a FF Exam Prep Class? Yes No

THE FOREGOING INFORMATION IS TRUE; TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTAND AND MEET THE QUALIFICATIONS FOR THE POSITION FOR WHICH I AM APPLYING. I UNDERSTAND THAT ANY MISSTATEMENT, FALSIFICATION, DELETION, OR OTHER MISREPRESENTATION OF FACT IN THE APPLICATION AND/OR TESTING PROCESS WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT.

Applicant Signature: _____

Date: _____