



Position Application

Danville Life Saving & First Aid Crew, Inc.

Danville Area Training Center



202 Christopher Lane, Danville, VA 24541
434-792-2739 ext. 108

Please email your completed application to hr@dpsc.org

Date Filed:

Full Name:

Address:

Email:

Phone (Home):

(Work):

(Cell):

Are you seeking (click all that apply):

- A full-time paid position
- A part-time paid position
- Volunteer membership in the Danville Life Saving & First Aid Crew?

List chronologically ALL of your residences for the past TEN years:

| Dates From-To | Street Address | City | State | Zip |
|---------------|----------------|------|-------|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List chronologically ALL of your places of employment for the past TEN years:

| Dates | Company | Address | Phone | Supervisor |
|-------|---------|---------|-------|------------|
| | | | | |
| | | | | |

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Do you have any physical condition which may limit your ability to perform the job applied for?

Do you have a valid driver's license?

(A) Yes No

(B) What State?

Military Record: *(If your answer to question "A" is negative, you may omit the rest of this section on military)*

(A) Have you ever served on active duty in the armed services of the United States?

Yes No

(B) What Branch?

(C) Dates of Service:

(D) Serial Number:

(E) Are you now a member of The Reserves or National Guard Yes No

(F) If in the Guard, who is your Lieutenant in charge?

References: Give three references (*not relatives*) who are responsible adults of reputable standing in their communities, such as stakeholders, property owners, business or professional men or women including your family physician, if you have one, who have known you well during the past five years.

(A) Complete Name:

(B) Years Acquainted:

(C) Their Address:

(D) Business Address:

(E) Occupation:

(F) Phone Number:

(A) Complete Name:

(B) Years Acquainted:

(C) Their Address:

(D) Business Address:

(E) Occupation:

(F) Phone Number:

(A) Complete Name:

(B) Years Acquainted:

(C) Their Address:

(D) Business Address:

(E) Occupation:

(F) Phone Number:

List the names and addresses of any of your immediate relatives (including in-laws) who are or have been members or employees of the Danville Life Saving Crew / Danville Area Training Center.

(A) Name: Relationship:

Address:

(B) Name: Relationship:

Address:

(C) Name: Relationship:

Address:

List the names of any friend or acquaintances who are members or employees of the Danville Life Saving Crew / Danville Area Training Center.

(A) Name: Length of Acquaintance:

(B) Name: Length of Acquaintance:

(C) Name: Length of Acquaintance:

(D) Name: Length of Acquaintance:

Have you ever been arrested or charged by summons or otherwise with any law violations as an adult? If so, list incidents below. *(Do not include parking tickets).*

| Date | Place | Charge | Disposition | Details |
|------|-------|--------|-------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Would you consent to random drug testing? Yes No

Are you Virginia EMT or Paramedic certified? Yes No If yes, cert #: _____

What certifications do you hold? (*click all that apply*)

CPR:

EVOC:

Vehicle Extraction:

Other Certifications:

Before any person is selected for an employment interview and/or membership in the Danville Life Saving Crew, all statements made in this application are thoroughly investigated. In addition, a careful and complete investigation is conducted. You may use the space below to explain any irregularities that may be disclosed by our investigation.

Volunteer Membership in the Danville Life Saving Crew

If you are applying for membership in the Danville Life Saving Crew, you must understand that it is a volunteer organization where you would donate your time and expertise.

- Number of hours per week you can devote to The Crew:
- Do you understand that this is a strictly volunteer organization? Yes No
- Sponsoring Member:

Please state why you would like to become a member of the Danville Life Saving and First Aid Crew, Inc.

I hereby certify that all statements made on this application are true and complete, to the best of my knowledge. I understand that this form is an application for either employment with the Danville Area Training Center or membership into the Danville Life Saving and First Aid Crew, Inc. and the contents are held in strict confidence. I further understand that this application is intended to provide adequate background and reference information to the employment or membership committee of the Danville Life Saving Crew/Danville Area Training Center.

Full Name:

Date:

***Thank you for your interest
Please email your completed form to hr@dlsc.org***