



1620 Somerset Avenue -Windber, Pennsylvania 15963
(814) 467-9244

Application for Employment

Name- Last: _____ First: _____ Mi: _____

Address: _____ City: _____ Zip: _____

Social Security #: _____ Home#: _____ Work#: _____

Emergency #: _____ Emergency Contact: _____

Age: _____ Date of Birth: _____

Type of Employment Desired: Full Time: _____ Part-Time: _____

Casual: _____

Position Desired: EMT: _____ Paramedic: _____

Salary Desired: _____ Date Able To Start: _____

Hours Most Available:

Sun	Mon	Tues	Weds	Thur	Fri	Sat

Personal Data

- | | Yes | No |
|---|-------|-------|
| 1. Are you over 18 years of age? | _____ | _____ |
| 2. Do you have a legal right to work in the United States? | _____ | _____ |
| 3. Have you ever served in the armed forces?
Dates of service: from: _____ to: _____ | _____ | _____ |
| 4. Were you previously employed by Northern EMS? | _____ | _____ |
| 5. In the last seven years, have you ever been convicted of violating any law other than a minor traffic violation? If yes please describe:

_____ | _____ | _____ |
| 6. Can you perform all of the essential duties of each job in which you have indicated an interest, with or without reasonable accommodation? _
if accommodation is needed, please explain: _____
_____ | _____ | _____ |
| 7. Do you have a valid Pennsylvania or other state driver's license?
If yes, state: _____ license # _____ | _____ | _____ |
| 8. Do you have a valid commercial driver's license?
If yes, state _____ license # _____ | _____ | _____ |

EMS Qualifications

- | | |
|--|---|
| 1. EMT
Expiration Date:_____ | 2. Emergency Vehicle Operation Course (EVOC)
Date of Class:_____ |
| 3. EMT Transitional Class
Date Of Class:_____ | 4. CPR
Expiration Date:_____ |
| 5. Haz-Mat Operations Level
Date Of Class:_____ | 6. Vehicle Rescue Class
Date Of Class:_____ |
| 7. Paramedic
Expiration:_____ | 8. ACLS
Expiration:_____ |
| 9. PALS
Expiration:_____ | 10. PHTLS
Expiration:_____ |
| 11. BTLs
Expiration:_____ | 12. Other:_____ |
| | Expiration:_____ |

List experiences on other EMS related topics not listed above, or any other skill marked above to explain further. _____

References

List only character references that have definite knowledge of your qualifications for the position applied. List at least 3 references. (Do not list relatives, former employers, or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Years
Known				
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

Education

List All Elementary, Junior High, And High Schools Attended. Please Include Address.

Name	Address	Years Completed	Graduated Yes/No
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

List Higher Education. List All Colleges or Universities Attended.

Name	Address	When Attended	Degree Received
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Northern EMS does not discriminate in hiring for employment on the basis of race, sex, color, religion, national origin, age or handicap status. If and when you are considered for an open position, a check will be made with you past employers concerning you work record. If you would be driving a Northern EMS vehicle at any time, a check will be made with the bureau of motor vehicles concerning you driving record. You have the right to request information about the nature and scope of these investigations.

I certify that the facts set forth in this application are true and accurate, and that I have not knowingly withheld any facts or information unfavorably. I understand that any false or misleading statements are grounds for rejection, and if I become employed are grounds for termination.

Date: _____ Applicant Signature: _____

FOR OFFICAL USE ONLY

Comments of Interviewer: _____

Date Of Interview: _____ Interview's Name: _____

Results of Reference Check:

1. _____

2. _____

3. _____

4. _____

5. _____

Date of Hire: _____ **For the Position Of:** _____

Employment Experience

Employment History: List below your entire experience record. Please include part-time and temporary employment, as well as military service. Start with you present or most recent job. Account for any gaps in you employment history. List any self-employment. Under specific duties, describe the kind of work you did, machines or equipment operated, and the number and kind of employees you supervised, if any. Attach additional sheets if necessary.

Employer:_____ Dates: From:_____ To:_____ Job Title:_____
Address:_____ Work Performed:_____
Phone:_____ Supervisors Name:_____
Reason for Leaving:_____

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