

Application for Employment



Ebensburg Area Ambulance Association considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

Ebensburg Area Ambulance is a DRUG FREE WORKPLACE.

I. Personal Information

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Social Security Number: _____ - _____ - _____

Are you at least 18 years of age? **YES** **NO**

Position(s) Applying for: _____

Hours Requested(please circle): **Full Time** **Part Time**

Date Available to Start: _____

Have you ever worked/volunteered for this organization? **YES** **NO**

If yes, date(s): _____ Prior position: _____

Reason for Leaving: _____

How did you find out about this position? _____

Do you have any friends or relatives working here? **YES** **NO**

If yes, please list: _____

II. General Information

Can you provide proof, if hired, that you are eligible to work in the U.S.? **YES** **NO**

Do you have a valid Driver's License? **YES** **NO**

Drivers License #: _____ Issuing State: _____ Class: _____

List all moving violations (convictions), accidents, and any suspensions/revocations of you have received in the last 5 years: _____

Have you ever been convicted, or pled guilty/no contest to a felony or misdemeanor, including DUI/DWI or similar offense, had any moving violations, or has your license revoked or suspended? **YES** **NO**

If yes, explain: _____

Are you currently, or have you ever been excluded from participating in any federal health programs such as Medicare or Medicaid? **YES** **NO**

If yes, explain: _____

Please note: A conviction does not necessarily disqualify you from employment

III. Education, Training and Certification Information

High School:

Name: _____ Address: _____

Did you graduate? **YES** **NO** If not, years completed: _____

Have you received your GED? **YES** **NO**

College:

Name: _____ Address: _____

Did you graduate? **YES** **NO** If not, years completed: _____

Degree _____ Major: _____

Name: _____ Address: _____

Did you graduate? **YES** **NO** If not, years completed: _____

Degree _____ Major: _____

Other School/Training:

Name: _____ Address: _____

Did you graduate? **YES** **NO** If not, years completed: _____

Degree: _____ Major: _____

EMS/FIRE Service related training NOT listed above:

EMS/FIRE/PROFESSIONAL Affiliations NOT listed in previous employment:

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

(List CURRENT certifications that apply to your level. Please bring copies with you to the interview.)

Certification:	Certification Number:	Expiration Date:	Certifying Agency:
CPR			
EMT/EMT-P			
National Registry			
PALS			
ACLS			
ITLS			
NIMS 100 & 700			
EVOC/EMSVO			
Others: _____			

IV. Employment History

List your last 3 employers, or volunteer organizations, starting with the most recent.

Employer: _____

Telephone Number: _____ May We Contact: **YES** **NO**

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description: _____

Reason for Leaving: _____

Employer: _____

Telephone Number: _____ May We Contact: **YES** **NO**

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description: _____

Reason for Leaving: _____

Employer: _____

Telephone Number: _____ May We Contact: **YES** **NO**

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description: _____

Reason for Leaving: _____

Please explain any gaps in employment history: _____

Have you ever been:

Disciplined or terminated for reckless driving?	YES	NO
Disciplined or terminated for excessive absences?	YES	NO
Disciplined or terminated for insubordination?	YES	NO
Disciplined or terminated for violation of safety rules?	YES	NO
Disciplined or terminated for assault or fighting?	YES	NO
Disciplined or terminated for harassment?	YES	NO
Disciplined or terminated for patient abuse?	YES	NO
Disciplined or terminated for alcohol or drug related activity at work?	YES	NO
Denied or revoked medical command credentialing?	YES	NO

Please note: Answering “yes” to any of the above questions does not necessarily disqualify you from employment.

V. References

List three professional references, who have knowledge of your experience and education.

Name: _____ Phone Number: _____

Occupation: _____ Years Known: _____

Name: _____ Phone Number: _____

Occupation: _____ Years Known: _____

Name: _____ Phone Number: _____

Occupation: _____ Years Known: _____

List two personal references that have known you for at least 3 years outside of the work environment.

Name: _____ Phone Number: _____

Occupation: _____ Years Known: _____

Name: _____ Phone Number: _____

Occupation: _____ Years Known: _____

VI. Acknowledgement

I certify that the information I have provided on this application is true, complete, and correct, and I understand that any false information, or the omission of information may be considered sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the company in any way. Applications will remain active and on file for six(6) months, after which time, reapplication will be necessary. If hired, employment will be "at will" and either I or Ebensburg Area Ambulance Association is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or contract for employment.

If offered the position and at any time thereafter, I consent to medical examinations as may be required to determine my ability to perform within the provided job description.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or blood prior to employment and at any time so requested. Specimens will be tested for both legal(prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examination as may be required by the association as a condition of my employment, and I hereby give my consent to release all the information that the association deems necessary to determine my ability to perform job duties now and in the future.

I further understand that refusal to submit to an alcohol or drug test at any time will result in immediate discharge from Ebensburg Area Ambulance Association.

I hereby authorize Ebensburg Area Ambulance Association to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment. This includes, but is not limited to, a criminal history check, child abuse clearance, driving history, etc. I release the company and all the informants from all liability resulting from such inquiries. I waive all rights to see and review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal healthcare program. I further understand that if it is determined that I was so excluded, my employment with the association will be terminated.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____

Please attach a resume or other relevant/related documents