



CENTRAL BUCKS EMERGENCY MEDICAL SERVICES

APPLICATION FOR EMPLOYMENT

Central Bucks Ambulance considers applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by law.

PLEASE PRINT

PERSONAL INFORMATION

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

Social Security Number: _____ - _____ - _____ *(optional for volunteer)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Other Telephone Number: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

Hours Requested (please circle) Full time Part Time (for career only)

How did you find out about this position? _____

Do you have any relatives or friends working/volunteering here? _____

Please list: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever worked/volunteered for this organization? _____

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

WORK REQUIREMENTS AND 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 Class: _____

Issued by what State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents in the last five years: _____

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

If yes, explain: _____

EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent)

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

II.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

III.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

MILITARY

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: _____

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest grade completed: _____ Have you received your GED? YES NO

COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

Degree: _____ Major: _____ Minor: _____

EMS/FIRE SERVICE RELATED TRAINING _____

EMS FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment): _____

REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

“I certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____