



# 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.

This is a fillable PDF that can be saved and either emailed or printed

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you at least 21 years of age? YES NO Date available to start: \_\_\_\_\_

Hours requested: Full time Part time

How did you find out about this position? \_\_\_\_\_

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

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## POSITION INFORMATION

Position(s) applying for: \_\_\_\_\_

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

If YES, 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)

I.

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	Rand & 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**

EMS / Fire service related training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMS and/or 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: \_\_\_\_\_

Office Use ONLY

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_