



## Northeastern Berks Emergency Medical Service, Inc.

### APPLICATION FOR EMPLOYMENT

#### NOTICE TO APPLICANT

Northeastern Berks Emergency Medical Service, Inc. (NEBEMS) considers applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship, ancestry, political belief, or any characteristic protected by law. NEBEMS is a **DRUG FREE WORKPLACE**.

#### POSITION APPLIED FOR

- Emergency Medical Technician – Basic (EMT-B)       Emergency Medical Technician – Advanced (AEMT)
- Emergency Medical Technician – Paramedic       Pre-Hospital Registered Nurse (PHRN)
- Maintenance       Office Staff
- Other (please specify) : \_\_\_\_\_

#### PERSONAL INFORMATION *(please print)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you at least 18 years old?       YES       NO

#### NOTICE TO APPLICANT

*If you are not at least 18 years of age, a parent or legal guardian must sign this Application and, if you are still in high school, you must attach a work certificate and the parental permission slip to this Application.*

#### POSITION INFORMATION

Date Available to Start: \_\_\_\_\_ Position/Hours Requested:     Full Time     Part Time



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**POSITION INFORMATION CONTINUED**

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

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

If you answered "Yes" to above question, please list their names in the space below:

\_\_\_\_\_

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

If so, please list the dates of employment/volunteering: \_\_\_\_\_

Previous Positions Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**WORK REQUIREMENTS AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the United States?       YES       NO

Do you have a valid Driver's License?       YES       NO      If yes, License Class: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

List all moving violations (convictions), accidents, and any suspensions or revocations of your driver's license in the last five years:

\_\_\_\_\_

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

If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid?       YES       NO

If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_



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*A conviction will not necessarily disqualify you from employment.*

### EMPLOYMENT HISTORY

*(LIST YOUR LAST THREE EMPLOYERS OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT)*

<b>Employer:</b>			
<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Start Date:</b>		<b>Starting Salary:</b>	
<b>End Date:</b>		<b>Ending Salary:</b>	
<b>Job Description:</b>			
<b>Employer's Telephone #</b>		<b>May We Contact Your Employer?</b>	<b>YES NO</b>
<b>Reason For Leaving:</b>			

<b>Employer:</b>			
<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Start Date:</b>		<b>Starting Salary:</b>	
<b>End Date:</b>		<b>Ending Salary:</b>	
<b>Job Description:</b>			
<b>Employer's Telephone #</b>		<b>May We Contact Your Employer?</b>	<b>YES NO</b>
<b>Reason For Leaving:</b>			

<b>Employer:</b>			
<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Start Date:</b>		<b>Starting Salary:</b>	
<b>End Date:</b>		<b>Ending Salary:</b>	
<b>Job Description:</b>			
<b>Employer's Telephone #</b>		<b>May We Contact Your Employer?</b>	<b>YES NO</b>
<b>Reason For Leaving:</b>			



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### MILITARY

Branch of Service	Start Date	End Date	Rank & Duties	Discharge Date	Location

Please explain any gaps in employment:

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### PAST EMPLOYMENT

Have you ever been:

Disciplined or terminated for reckless driving?	YES	NO
Placed on probation or terminated for excessive absenteeism?	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

If you answered "YES" to any question above, please explain:

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**CERTIFICATION INFORMATION**

*(LIST ONLY CURRENT CERTIFICATIONS – PHOTOCOPIES WILL BE REQUIRED AT TIME OF INTERVIEW)*

<b>PARAMEDIC, PHRN, ADVANCED EMT</b>			
	Certification #	Expiration Date	Certifying Agency
PA Department of Health			
National Registry			
Advance Cardiac Life Support (ACLS)			
Pediatric Advanced Life Support (PALS)			
PHTLS or BTLS			
CPR Professional/Provider			
EMSVO			
<b>Please List All Other Certifications Below</b>			

Have you ever had your Medical Command Authorization suspended or revoked?  YES  NO

If "Yes", please explain: \_\_\_\_\_

<b>EMT - Basic</b>			
	Certification #	Expiration Date	Certifying Agency
PA Department of Health			
National Registry			
PHTLS or BLTLS			
CPR Professional/Provider			
EMSVO			
<b>Please List All Other Certifications Below</b>			





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**EDUCATION and TRAINING**

**High School**

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

Years completed: \_\_\_\_\_

Did you graduate?  YES  NO If "No", highest grade completed: \_\_\_\_\_

Have you received your GED?  YES  NO

**College**

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

Years completed: \_\_\_\_\_

Did you graduate?  YES  NO If "No", highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**Other College**

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

Years completed: \_\_\_\_\_

Did you graduate?  YES  NO If "No", highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**Technical School**

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

Years completed: \_\_\_\_\_

Did you graduate?  YES  NO If "No", highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_



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**EDUCATION and TRAINING CONTINUED**

**Other School/Training**

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

Years completed: \_\_\_\_\_

Did you graduate?  YES  NO If "No", highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

**EMS or Fire Service related training not listed above:**

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**EMS/Fire Service/Professional Affiliations (other than listed under prior employment):**

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

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**REFERENCES – PERSONAL**

*(list two personal references that you have known you for at least three years outside of work)*

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

How they know you: \_\_\_\_\_

Years known: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

How they know you: \_\_\_\_\_

Years known: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**REFERENCES – PROFESSIONAL**

*(list three persons, other than relatives, who have knowledge of your work experience and/or education)*

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

Occupation: \_\_\_\_\_

Years known: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years known: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years known: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_





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### 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 as sufficient reason for my discharge if hired. I recognize that completion of the application does not mean that job openings exist and does not obligate NEBEMS in any way. Application will remain active for six months, after which time re-application will be necessary. If hired, employment will be “at will” and either I or NEBEMS is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

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

I understand that I may be required to undergo drug screening test as a condition of my employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so required. 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 contact any medical test or examination as may be required by NEBEMS as a condition of my employment, and I hereby give my consent to the release of all information which NEBEMS deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this company.

I hereby authorize NEBEMS to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release NEBEMS and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information furnished.

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

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Printed Name: \_\_\_\_\_

### ADMINISTRATIVE SECTION – NOT TO BE COMPLETED BY APPLICANT

DATE RECEIVED:

RECEIVED BY: