



**ADAMS REGIONAL EMS**  
13 NORTH BOLTON STREET  
NEW OXFORD, PA 17350

**Application for Employment**

Adams Regional Emergency Medical Service 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. Adams Regional Emergency Medical Service is a drug-free workplace.

**PLEASE PRINT**

**PERSONAL INFORMATION**

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

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

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

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

Home Telephone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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? \_\_\_\_\_

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

**POSITION INFORMATION**

Position(s) Applying For: \_\_\_\_\_

Have you ever worked/volunteered for one of the cooperating partners? \_\_\_\_\_

If so, date(s) \_\_\_\_\_ Prior position(s) here: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_



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**CERTIFICATION INFORMATION**

(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
EMT / EMT-P			
National Registry			
EMSVO			
CPR			
BBP			
NIMS 100, 200, 700			
EVOC / EVDT			
BTLS / ITLS			
HazMat Ops			
BVR – Aw, Ops, Tech			
Interior FF, FF1/11			

Number of years operating as a primary care provider on an Emergency Response Ambulance?

\_\_\_\_\_

Have any of your State Certifications ever been suspended or revoked in any state for any reason?

YES NO If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**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), accidents and any suspensions or revocations of your license in the last five years: \_\_\_\_\_

\_\_\_\_\_



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Have you ever been convicted, or 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: \_\_\_\_\_

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

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, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

(List your last three employers, 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: _____



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EMPLOYMENT HISTORY - continued

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: \_\_\_\_\_

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: \_\_\_\_\_



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Military:

Branch of Service	Date of Enlisted	Date of Discharge	Ranks & Duties	Location	Active or Reserve

Explain any gaps in employment: \_\_\_\_\_  
 \_\_\_\_\_

**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 fired for insubordination?                          | YES | NO |
| Disciplined or fired for violation of safety rules?                | YES | NO |
| Disciplined or fired for assault or fighting?                      | YES | NO |
| Disciplined or fired for harassment?                               | YES | NO |
| Disciplined or fired for patient abuse?                            | YES | NO |
| Disciplined or fired for alcohol or drug related activity at work? | YES | NO |

If you answered yes to any question above, please explain: \_\_\_\_\_  
 \_\_\_\_\_

*Answers of Yes for any of the above questions will not necessarily disqualify you from employment.*

**EDUCATION AND TRAINING**

**HIGH SCHOOL:**

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

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

Did you graduate? YES NO Have you received your GED? YES NO



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COLLEGE:

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

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

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

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

OTHER COLLEGE:

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

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

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

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

TECHNICAL SCHOOL:

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

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

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

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

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

OTHER SCHOOL / TRAINING:

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

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

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

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

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



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EMS / FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

### REFERENCES

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

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

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

Years Known: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

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

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

Years Known: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

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

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

Years Known: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_



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**REFERENCES – Continued**

List **two** personal references that have known you for at least three years outside work.

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

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

Years Known: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

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

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

Years Known: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

**ACKNOWLEDGMENT**

I certify that the information I have given 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 this application does not mean that job openings exist and does not obligate the Company in any way. Applications 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 the Company 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.

I understand that if offered an interview, I will be required to present copies of my certifications at the time of my interview. I also understand that I will be required to consent to a Criminal History Record Check, a Driver's History Check and possibly Child Abuse Clearance.

If offered a 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 tests as a condition of 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 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





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doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company 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 the Company 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 the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so 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 the Company may be terminated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_