

Newtown Ambulance Squad

Application for Employment

This application may be submitted to:

By Mail: Chief Evan N. Resnikoff, M.S. NRP, Newtown Ambulance Squad, 2651 S. Eagle Rd., Newtown PA, 18940 **By Fax:** 215-968-6721

Newtown Ambulance Squad will consider applicants for all positions equally without regard to age, gender, race, color, national origin, religion, creed, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position Applied For (Observer/Paratransit/EMT/EMT-P): _____ **Application Date:** _____

Name (Last, First, Middle)	Social Security #
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ADDRESS INFORMATION:

Address	Apt#	Phone #	
City	State	Zip Code	Alternate Phone #

Email: _____

EMERGENCY CONTACT INFORMATION:

Name (Last, First)	Relation		
Address	Apt #	Phone # (include area code)	
City	State	Zip	Alternate Phone #

GENERAL INFORMATION

Are you currently employed? (Yes) (No) Date you can begin work / volunteer service: _____

May we contact your present employer? (Yes) (No) (N/A)

Are you available for: (Days) (Nights) (Weekends)

Have you ever filed an application with us before? (Yes) (No) If Yes, give date: _____

Have you ever been employed / volunteered with us before? (Yes) (No) If Yes, give date: _____

Are you at least 18 years of age? (Yes) (No)

Have you ever plead guilty or no contest to any charge? (Yes) (No)

If Yes, give details: _____

Are you a United States citizen, a national of the United States, an alien lawfully admitted for permanent residence, or otherwise authorized to work in the United States? (Yes) (No)

EDUCATION

	Name of School	Address	Years Completed	Graduated? Yes/No	Major/Type of Degree
High School					
College					
Graduate or Professional					
Technical/Trade Or Other					

PREVIOUS EMPLOYMENT / VOLUNTEER SERVICE

Start with your present or last experience. Include any job-related volunteer activities. You may exclude organizations that indicate race, color, national origin, disability, sexual or religious orientation, or any other protected status.

1	Employer / Company	Dates		Job Title / Rank Held
		From	To	
	Address			Supervisor
	City, State, Zip	Salary/Hourly Wage		Reason for Leaving
		Starting	Final	
	Telephone Number			
2	Employer / Company	Dates		Job Title / Rank Held
		From	To	
	Address			Supervisor
	City, State, Zip	Salary/Hourly Wage		Reason for Leaving
		Starting	Final	
	Telephone Number			
3	Employer / Company	Dates		Job Title / Rank Held
		From	To	
	Address			Supervisor
	City, State, Zip	Salary/Hourly Wage		Reason for Leaving
		Starting	Final	
	Telephone Number			

Are there any employers / services you DO NOT wish us to contact? _____

Have you ever been discharged by a previous employer? (Yes) (No) If Yes, when? _____

Give details: _____

US MILITARY SERVICE

(Yes) (No) Branch _____ Induction Date: _____ Discharge Date: _____ Rank: _____

Specialty: _____ Service Schools: _____

DRIVERS LICENSE INFORMATION

State: _____ License #: _____ Class: _____ Years Driving: _____

	Driving Violations (List <u>all</u> received within the past 3 years):	Date	Disposition and Fine
1			
2			
3			
4			
5			

	Automobile Accidents:	Date	Location
1			
2			
3			

PROFESSIONAL CERTIFICATIONS

List all applicable certifications and professional or military training received

	Course:	Certification #	Date	Expires	Course Location
1					
2					
3					
4					
5					
6					

PERSONAL REFERENCES (other than relatives)

	Name	Address (include city, state, zip)	Phone
1			
2			
3			

APPLICATION AGREEMENT

In completing this application, and any supplements to this application, I certify that information given herein is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the company's service if chosen. I understand also, that I am required to abide by all rules and regulations of Newtown Ambulance Squad. I agree that Newtown Ambulance Squad shall not be liable in any respect if my association is terminated because of the falsity of statements made by me on this application. I authorize investigation of all statements contained in this application as may be necessary for arriving at a decision. I understand that information concerning my past record will be sought from my previous employers and other sources and I hereby release from all liability or damages those individuals, corporations, or organizations who provide such information. I understand that any such information provided shall become the exclusive property of the company. I understand and acknowledge that, unless otherwise defined by applicable law, any association with the company is of an 'at will' nature, which means that I may resign at any time and Newtown Ambulance Squad may discharge me at any time with or without cause. I further understand that this 'at will' relationship may not be changed unless specifically agreed to in writing by an authorized executive of this company. This certifies that this application was completed accurately and honestly by me or at my direction.

APPLICANT'S SIGNATURE _____ DATE _____

EMPLOYER USE ONLY

Date Application Received: _____

References Checked? (Yes) (No)

Past Employers Checked? (Yes) (No)

Status: (Hire) (Deny) (Hold)

If Denied, Reason: _____

Position: _____

Dedication: (FT) (PT) (Vol.)

Orientation Date: _____

Starting Wage: _____

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2651 S. Eagle Rd.
Newtown, PA 18940
215-968-3500
Fax 215-968-6721