

TRI-COMMUNITY SOUTH EMS

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

PARAMEDIC

Thank you for applying for a position with Tri-Community South EMS. In order to assist us in evaluating our qualifications, we have asked for specific personal information on this application. Omission or falsification of information on this application shall be considered sufficient cause for refusal of or dismissal from employment.

It is the policy of Tri-Community South EMS to conform to federal and state laws by not discriminating and/or retaliating against applicants or employees with regard to their race, color, religion, nationality, national origin, sex, genetic information, age, sexual preference/orientation or on the basis of their disability. No question on this Application for Employment is intended to secure information to be used for such discrimination/retaliation. All applications remain active for twelve (12) months from date of application.

GENERAL INFORMATION (Please print)

DATE:

Name (Last)	(First)	(Middle)	Home No.
Number and Street Address	City	State and Zip	Cellphone No.
Email Address	Driver's License No.		Paramedic Cert. No.

Are you a U. S. Citizen? Yes No If No, VISA Type/Number _____

Are you 18 years of age or older? Yes No

Have you ever plead guilty or been convicted of a crime? Yes No

If yes, please explain _____

Are any of your relatives employed by Tri-Community South EMS? Yes No

If yes, list name and relationship _____

Have you ever applied for a job with us before? Yes No If yes, when?

Were you ever employed by Tri-Community South EMS? Yes No If yes, when?

Job Title or Positions held _____

Can you perform the essential functions of the job for which you are applying? Yes No

Type of Employment seeking Full Time Part Time Casual Pool

MILITARY RECORD

Are you currently in the U.S. Armed Services? Yes _____ No _____
Branch _____ Rank _____ Date of Entry _____ Date of Discharge _____

List any duties or special training in the service that are relevant to the essential duties and responsibilities of this position: _____

Were you asked to leave the military under less than honorable circumstances? Yes No
If Yes, please explain _____

EDUCATION

	Name of School	Location	No. of Years Completed	Major/Degree
High School				
College				
Business or Trade School				
Professional School				

WORK EXPERIENCE

Starting with your present or most recent employer, list all full-time and part-time employment. Complete this section even if you provide a resume.

<i>Employer/Address/Phone No.</i>	<i>Supervisor (Name & Title)</i>	<i>Employment Dates</i>	<i>Pay or Salary</i>
		From:	Start: \$
		To:	Final: \$
Reason for Leaving or Seeking Other Employment:	Use as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duties/Title:			
<i>Employer/Address/Phone No.</i>	<i>Supervisor (Name & Title)</i>	<i>Employment Dates</i>	<i>Pay or Salary</i>
		From:	Start: \$
		To:	Final: \$
Reason for Leaving or Seeking Other Employment:	Use as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duties/Title:			
<i>Employer/Address/Phone No.</i>	<i>Supervisor (Name & Title)</i>	<i>Employment Dates</i>	<i>Pay or Salary</i>
		From:	Start: \$
		To:	Final: \$
Reason for Leaving or Seeking Other Employment:	Use as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duties/Title:			

Please attach additional sheet if needed.

Have you ever been discharged or asked to resign from a position? Yes No If yes, explain _____

If presently employed, may we contact that employer for references? Yes No

WORK REFERENCES

Name/Occupational	Address	Phone No. and/or Email

*Please attach the following **REQUIRED** documentation:*

Paramedic
Professional Certification
Healthcare Provider Card
EVOC
ACLS
PALS
Pennsylvania Driver's License
Pennsylvania State Criminal History Report
Pennsylvania Child Abuse Clearance
Federal Criminal History Report
Up-to-Date Con Ed Report
Personal Vehicle Insurance

Attach any other certifications that you currently possess.

CERTIFICATION, AUTHORIZATION AND AGREEMENT

I certify that the information supplied by me on this Application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealment or material fact. I authorize Tri-Community South EMS (“TCS”) to investigate the truth of this information and of any other information, I may supply during an interview. I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information that TCS may solicit from it or them. I further authorize TCS to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my Application is denied in whole or part because of information contained in a criminal history report, TCS will so advise me.

I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by TCS.

I understand and agree that TCS’ acceptance of this employment application does not constitute any promise, expressed or implied, that I will be selected. I further understand that TCS does not guarantee anyone an employment position for any specific length of time.

I further understand and agree that any offer to become an employee with TCS will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent upon my taking and passing physical, psychological and polygraph examinations and drug tests.

I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my ability to work for TCS in any way.

I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form.

I am aware that should investigation disclose any willful misstatement, falsification or concealment, my Application will be rejected and my name removed from the eligible list; and if already appointed, I may be dismissed from service.

Signature of Applicant

Witnessed

Date _____