

TRI-COMMUNITY SOUTH EMS

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION (Please print)

DATE:

Name (Last)	(First)	(Middle Initial)	Home Telephone
Mailing Address	City	State and Zip	Other Telephone
Email Address	Social Security No.	PA Driver's License No.	EMT-P/EMT Cert. No.

INDICATE POSITION FOR WHICH YOU ARE APPLYING

Paramedic	Full Time		Part Time	
EMT	Full Time		Part Time	
Paramedic	Casual Pool			
EMT	Casual Pool			

Are you able to perform the essential duties and tasks of the position for which you are applying without an accommodation? Yes _____ No _____

Current Immunizations: Date of Last Flu Vaccine _____
 Date of Last TB Skin Test _____ Results _____

Have any of the following ever been, or are any in the process of being denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished? Or have you withdrawn or failed to proceed with an application for any of the following? If any response is YES, please provide a full explanation on a separate sheet.

Paramedic or EMT Certification in any State or Commonwealth	Yes _____	No _____
Other agency/service affiliations	Yes _____	No _____
Professional liability insurance	Yes _____	No _____
Have there been any felony criminal charges brought against you?	Yes _____	No _____
Are you currently illegally using drugs or have you illegally used drugs at any time during the past two years?	Yes _____	No _____

MEDICAL COMMAND (*paramedic applicants*)

Do you currently have Medical Command status? Yes _____ No _____
 Medical Command Director _____ Phone No. _____

If NO, have you ever received Medical Command? Yes _____ No _____

Have you ever been suspended or terminated from receiving Medical Command? Yes _____ No _____
 If YES, please provide details _____

MILITARY TRAINING

Are you currently in the U.S. Armed Services? Yes _____ No _____
 Branch _____ 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: _____

EDUCATION

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

WORK EXPERIENCE (Beginning with most recent job held)

<i>Employer/Address/Phone No.</i>	<i>Name of Supervisor</i>	<i>Employment Dates</i>	<i>Pay or Salary</i>
		From:	Start: \$
		To:	Final: \$
Reason for Leaving:			
Job Duties:			
		From:	Start: \$
		To:	Final: \$
Reason for Leaving:			
Job Duties:			
		From:	Start: \$
		To:	Final: \$
Reason for Leaving:			
Job Duties:			

Please attach additional sheet if needed.

Please attach the following *REQUIRED* documentation:

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

Attach any other certifications that you currently possess.

WORK REFERENCES

Name/Occupational	Address	Phone No. and/or Email

List any friends or relatives working for us: _____

Please inform us of any additional knowledge, skills, and abilities that would allow you to complete the essential duties and responsibilities of this position:

Signature of Applicant

Date

Tri-Community South EMS is an equal opportunity employer. All prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

CERTIFICATOIN, 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 _____