

Northwest Emergency Medical Services, Inc.

380 W. Bainbridge Street
PO Box 384
Elizabethtown, PA 17022

CONFIDENTIAL

EMPLOYMENT/VOLUNTEER APPLICATION

Date of Application _____ Position applied for _____ Date available _____

Last Name:		First Name:		Middle Initial:
Address:		City:	State/ZIP:	
Telephone:	Pager/Cell phone:		E mail:	

Availability: (circle all that apply) Days Nights Weekends

Requesting: (circle one) Full Time Part Time Volunteer (at this time)

EMPLOYMENT HISTORY

Please list current place of employment first

Employer:		Dates of employment:	
Address		Reason for leaving:	
Telephone:		Job Title:	
Duties		May we contact employer for reference? Y / N	

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EDUCATION

High School, College, Vocational or other	Location (City, State)	Graduate?	Degree (or credits from graduation)

List any foreign language(s) and present fluency level (read, write, and/or speak)

Emergency Contact: Name _____

Phone #1 _____ Phone #2 _____

Relationship _____

REFERENCES

Please give the name, address, telephone number and the number of years you have been acquainted with the individual. One reference should be a member of NWEMS, Inc. Indicate Personal, Professional or both in "Type" column.

Name	Address	Telephone	Years	Type

Please explain why you wish to join our organization:

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Circle "Yes" or "No" for each question. Please provide details below if applicable.

1. Are you over the age of 18? Yes / No
2. Do you have a current and valid driver's license? Yes / No
(May be required for position)
3. Are you legally eligible for employment in the United States? Yes / No
4. In the past three (3) years, have you knowingly used any amphetamines, narcotics, barbiturates, or other controlled substances that were not prescribed for you by a licensed physician? Yes / No
(If "Yes," please provide details below.)
5. Have you been convicted of a felony or a misdemeanor in the past five years? Yes / No
(If "Yes," please provide details below. *Conviction will not necessarily disqualify an individual for employment.*)
6. Have you ever had your Medical Command revoked and/or suspended? Yes / No
(If "Yes," please provide details below.)

Please list the reference question number and the explanation for any "Yes" answers to questions 4 - 6 here.

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the Membership committee and/or Board of Officers, and/or other designated personnel to investigate and/or verify this information as deemed necessary. I also hereby release all persons, companies, and associations supplying such information from all liability. I indemnify NWEMS, Inc. against any liability resulting from such investigations. I understand and accept that any omissions, distortions, and or misinformation given by me is grounds for my immediate dismissal from consideration for employment, or termination from employment if I am hired by NWEMS, Inc. I agree to abide by a Constitution and By-Laws of, and all policies, rules, and regulations established and set forth by NWEMS, Inc.

Applicant signature and date

Parent/Guardian signature if applicant under 18

EMPLOYMENT RELATIONSHIP

I understand that nothing contained in this application or in the granting of an interview is intended to constitute an employee contract between NWEMS, Inc. and myself for employment. No promises regarding employment have been made to me.

Applicant signature and date

Parent/Guardian signature if applicant under 18

