



Southern Chester County Emergency Medical Services Application for Employment

SCCEMS 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. SCCEMS IS A DRUG-FREE WORKPLACE

Upon completion please send via email to careers@medic94.org **OR** via mail to SCCEMS.

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 18 years of age? YES NO Date Available to Start: _____

Status Requested (please circle) 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 for this SCCEMS? _____

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

CERTIFICATION INFORMATION
(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
PHRN EMT-P			
National Registry			
PALS			
ACLS			
ITLS/PHTLS			
EVOC			
ICS 100, 200, 800			
Other: _____			

RED = REQUIRED

**WORK REQUIREMENTS
AND GENERAL INFORMATION**

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: _____

EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent.)

I. Current Employer: _____

Job Title: _____ Supervisor: _____

Work Dates: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

II. Employer: _____

Job Title: _____ Supervisor: _____

Work dates: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

III. Employer: _____

Job Title: _____ Supervisor: _____

Work dates: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

PAST EMPLOYMENT

years as EMT: _____
years as 9-1-1 Advanced Life Support Provider: _____
years as ALS provider on 9-1-1 MICU: _____
years as ALS provider on 9-1-1 chase/paramedic intercept unit: _____

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Have you received your GED? YES NO

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: _____

OTHER: _____

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

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: _____ - _____ - _____

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

Name: _____

Address: _____

How they know you: _____

Years Known: _____

Telephone Number: _____ - _____ - _____

Name: _____

Address: _____

How they know you: _____

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.

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 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: _____