

East Pennsboro Emergency Medical Services
P.O. Box 47
Enola, PA 17025

Application for Employment/Observation

Name _____
Last First Middle Date
Address _____
Street City State Zip Code
Telephone # () _____ Other Phone # () _____
Social Security # _____ Referred by _____

Position(s) applied for ☐ EMT ☐ Non-Emergency Transporter ☐ Office/Clerical ☐ Observe /Ride Along

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Volunteer

Are you legally eligible for employment in this country? ☐ Yes ☐ No

If you are under 18 and it is required, can you furnish a work permit? ☐ Yes ☐ No

Are you available to work overtime if required? ☐ Yes ☐ No

Have you applied with East Pennsboro Ambulance Service, Inc. before? ☐ Yes ☐ No

Have you been convicted of a crime in the last seven (7) years? ☐ Yes ☐ No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE?		\$	per	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

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I certify that all the information I have provided is true, complete and correct.

I authorize East Pennsboro Emergency Medical Services to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

In consideration of my employment, I agree to conform to the company's policies and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. Furthermore, this application does not in any way constitute an agreement or contract for employment.

Other responsibilities pertaining to employment: I understand that I will be subject to a criminal background check, driving background check and a drug/alcohol screening. I am expected to conform to these requests and provide written authorization to the perspective employer to obtain necessary information pertinent to these pre-employment checks. These checks will assist the employer with determining eligibility of employment.

Applicant's Signature _____ **Date** _____