

Lacey Township EMS
Application

COMPLETE ELECTRONICALLY – HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED

Be sure to enter “N/A” in every field not applicable.

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Address: _____

City _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Are you at least 18 years of age? _____ Date Available to Start: _____

How did you find out about this position? _____

Do you have any relatives or friends working here? _____

Please list: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever volunteered/worked for this organization? _____

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

Reason
for leaving:

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
NJ EMT			
National Registry			
CEVO			

PHTLS			
Bloodborne			

**WORK REQUIREMENTS
AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.? _____

Do you have a valid Driver's License? _____ 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:

Have you ever been convicted, pled guilty or no contest to a crime or disorderly persons offense, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?

If yes, explain: _____

Have you ever been convicted of domestic violence or have a restraining order against you?

EMPLOYMENT HISTORY

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

I.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____

May we contact? _____

Reason for leaving: _____

II.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____

May we contact? _____

Reason for leaving: _____

III.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____

May we contact? _____

Reason for leaving: _____

MILITARY:

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

Explain any gaps in employment: _____

PAST EMPLOYMENT

Have you ever been? Please utilize pull down menu for your answer.

Disciplined or terminated for dangerous driving?

Placed on probation or terminated for excessive absenteeism?

Disciplined or fired for insubordination?

Disciplined or fired for violation of safety rules?

Disciplined or fired for assault or fighting?

Disciplined or fired for harassment?

If you answered yes to any question above, please explain:

Answering yes for any of the above questions may not necessarily disqualify you from employment.

HIGH SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? _____

If not, highest grade completed: _____

If not, have you received your GED? _____

COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? _____

If not, highest year completed: _____

Degree: _____

Major: _____

OTHER COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? _____

If not, highest year completed: _____

Degree: _____

Major: _____

TECHNICAL SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? _____

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____

Address: _____

Years completed:

Did you graduate? _____

If not, highest year completed: _____

Certificate:

License: _____

Expires: _____

Expires: _____

OTHER: _____

EMS RELATED TRAINING NOT LISTED ABOVE:

Past or current emergency services experience (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 seen your work habits and abilities (coworkers, supervisors and managers):

Name: _____ Address: _____
Occupation: _____ Email address: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____ Email address: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____ Email address: _____
Years Known: _____
Telephone Number (including area code): _____

List two personal references that have known you for at least three years outside work, with whom you have seen face to face at least four times in the past year and have spoken to at least once over the past sixty days:

Name: _____ Address: _____
How they know you: _____ Relationship: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____

Address: _____

How they know you: _____

Relationship: _____

Years Known: _____

Telephone Number (including area code): _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and accurate. I understand that any false information, or the omission of information may be considered as enough reason for my discharge if accepted. I recognize that completion of this application does not mean a position opening exists and does not obligate Lacey EMS in any way. If accepted as a volunteer or paid staff employment will be "at will" and either I or the Lacey EMS are free to terminate the relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

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 Lacey EMS as a condition of my volunteer status/employment, and I hereby give my consent to the release of all information which the Lacey EMS deems necessary to determine my ability to perform position 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 Lacey EMS.

I hereby authorize the Lacey EMS 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 Lacey EMS 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 Lacey EMS may be terminated.

It is the policy of Lacey EMS to provide equal volunteer/employment opportunities (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law.

Applicant's Signature: _____ Date: _____

Typing your name will constitute an electronic signature