



GLOUCESTER TOWNSHIP EMS
P.O. Box 1658
Blackwood, New Jersey 08012
(856) 481-4829 (856) 481-4930(fax)

(Please Print)

Last Name	First Name	Middle Name	Position Applied For Part-Time Full-Time	Today's Date
Address (Number) (Street) (City) (State) (Zip Code)			(E-Mail Address)	(Cell Phone)
Social Security Number	Driver's License Number	Date Available for Work	How were you referred?	
If you are under 18 years of age, can you provide required proof of your eligibility to work? ____ Yes ____ No				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ____ Yes ____ No (Proof of citizenship or immigration status will be required upon employment).				
Have you ever worked for the Gloucester Township EMS Alliance before? ____ Yes ____ No If yes, what position and when?				
Do you have any relatives currently employed with the Gloucester Township EMS Alliance? ____ Yes ____ No (If yes, please list the names of any relatives employed by the Gloucester Township EMS Alliance). _____				

PLEASE CHECK YOUR LEVEL OF CERTIFICATION:

_____ **Paramedic**, licensed by the State of New Jersey. License # _____

If not licensed as a Paramedic, when do you expect to be? _____

_____ **Emergency Medical Technician (EMT)**, licensed by the State of New Jersey. License # _____

If not licensed as an EMT, when do you expect to be? _____

EDUCATION AND TRAINING

School	Name and Address of School	Dates Attended		Type of Diploma/ Degree Received	Major Field or Course of Study
High School		From:	To:		
College		From:	To:		
				GPA:	
College		From:	To:		
				GPA:	
Graduate School		From:	To:		
				GPA:	
Other		From:	To:		
Other		From:	To:		
Fire/EMS Academy		From:	To:		

REFERENCES: List five (5) references (not relatives) which are former employers, professors, and/or professional acquaintances of good standing in the Community and who have known you for more than five (5) years.

Name	Residence	Home Phone	# of Yrs. Known	Occupation

EMPLOYMENT EXPERIENCE (Please list most recent position first and work backward for ten (10) years. Include all part-time and temporary employment. Add as many separate sheets as necessary).

Employer	Dates Employed From _____ To _____		WORK PERFORMED
Address	_____	_____	
Telephone Number(s)	Hourly Wages Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving			Supervisor's Name: _____
Reason for Leaving			May we contact this employer? _____ Yes _____ No
Employer	Dates Employed From _____ To _____		WORK PERFORMED
Address	_____	_____	
Telephone Number(s)	Hourly Wages Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving			Supervisor's Name: _____
Reason for Leaving			May we contact this employer? _____ Yes _____ No
Employer	Dates Employed From _____ To _____		WORK PERFORMED
Address	_____	_____	
Telephone Number(s)	Hourly Wages Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving			Supervisor's Name: _____
Reason for Leaving			May we contact this employer? _____ Yes _____ No
Employer	Dates Employed From _____ To _____		WORK PERFORMED
Address	_____	_____	
Telephone Number(s)	Hourly Wages Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving			Supervisor's Name: _____
Reason for Leaving			May we contact this employer? _____ Yes _____ No