

Easton Emergency Squad Application for Employment

Name: _____ Date: _____

Last
First
Middle Initial

Present Address: _____

Number
Street
City
State
Zip

Social Security No.: _____ - _____ - _____ Telephone: (____) _____

Email Address: _____

Are you currently authorized to work in the United States? Yes No

Position applied for: _____

How many hours can you work weekly? _____

Employment Desired Full Time Only Part Time Only Either Full Time/Part Time

When are you available to start work? _____

Did you graduate High school or have a GED? Yes No

Do You have a current Valid Driver's License? Yes No

Have you ever been convicted of any type of Traffic Violation? Yes No
 If you answered Yes please include an explanation on a separate sheet of paper.

Have you ever been convicted of a misdemeanor or felony crime? Yes No
 If you answered Yes please include an explanation on a separate sheet of paper.

Check additional current and valid certifications you retain

	PA Provider Certification		NIMS 100
	CPR		NIMS 700
	ACLS		
	EMSVO		
	PALS		
	NREMT		

Military

Have you ever been in the armed forces? Yes No

Specialty _____ Date Entered: _____ Discharge Date: _____

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Work Experience: Please list your work experience. List your most recent job held first. If you were self-employed give firm name. Attach additional sheets if Necessary.

Name of Employer: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Name of last Supervisor: _____ Your last Job Title: _____

Dates of Employment: From: _____ To: _____ Pay or Salary: Start: _____ Final: _____

Reason for leaving: (be specific): _____

Name of Employer: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Name of last Supervisor: _____ Your last Job Title: _____

Dates of Employment: From: _____ To: _____ Pay or Salary: Start: _____ Final: _____

Reason for leaving: (be specific): _____

Name of Employer: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

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Name of last Supervisor: _____ Your last Job Title: _____

Dates of Employment: From: _____ To: _____ Pay or Salary: Start: _____ Final: _____

Reason for leaving: (be specific): _____

Name of Employer: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Name of last Supervisor: _____ Your last Job Title: _____

Dates of Employment: From: _____ To: _____ Pay or Salary: Start: _____ Final: _____

Reason for leaving: (be specific): _____

May we contact your present employer? ___Yes ___No

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation. ___Yes ___No

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PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time. Employees will receive final pay in accordance with applicable state law.

Prior to making an offer, the applicant must successfully complete a physical exam, drug and alcohol test and a PA State Police Criminal Back ground Check (criminal history) a Child abuse history clearance from the Department of Human Services along with an FBI fingerprint based criminal history. We may also obtain a consumer credit report.

I further understand that my employment with the Easton Emergency Squad shall be probationary for a period of ninety (90) day and that at any time during the probationary period or thereafter, my employment relation with the Easton Emergency Squad can terminate at will for any reason by either party.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in the Easton Emergency Squad.

Applicant Signature

Printed Name

Date

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Date: _____

I understand that my employment with the Easton Emergency Squad is entirely dependent on my successful and satisfactory completion of the following:

1. Drug/Alcohol Screening
2. Police Background Check
3. PA DMV Validation

If I fail to pass any of the above for any reason and/or they would prove unacceptable, I would submit my written resignation effective immediately.

Print Name: _____

Signature: _____

CC. Employee File

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Physical Capabilities/Essential Functions

- Employees must be able to lift, carry, push and or pull and balance up to 125 pounds (250 pounds with assistance)
- Frequent exposure to physically stressful situations
- While performing the duties of this job, the employee is regularly required to; stand, walk use hands to finger, handle, or feel objects, equipment or controls; reach with hands and arms; see, talk and or hear.
- The employee frequently is required to climb or balance and stoop, kneel, sit, crouch, or crawl. The employee is occasionally required to taste or smell.
- Work environment frequently hectic with exposure to highly emotionally situations. Regular scheduling involves long shifts and regularly scheduled and unscheduled overtime.
- The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job.
- While performing the duties of this job, the employee frequently works in outside weather conditions and is exposed to vibration.
- The employee occasionally works near moving mechanical parts and in high precarious places, and is occasionally exposed to wet and or humid conditions, fumes or airborne particles, toxic or caustic chemicals, extremer cold, extreme heat and risk of electrical shock, blood and body fluids and associated pathogens.
- The noise level in the work environment is usually moderate, but my be high at times due to vehicle, highway and mechanical equipment noise.

By signing this form I agree that I have read and understand the Physical Capabilities of the position. I declare that I have no difficulty in the performance of the Physical Capabilities.

Signature

Date

Print Name

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DRIVER'S STATEMENT

I, _____, member of and driver for the Easton Emergency
(Print Name)

Emergency Squad, do hereby agree to the following rules and regulations set forth by the Easton Emergency Squad for my safety and the safety of those whom I drive for and transport.

- 1) Must be at least 20 years of age.
- 2) Must hold a valid driver's license.
- 3) Must comply with all traffic laws set forth by local and state governments.
- 4) No member addicted to any type of drug will operate an Easton Emergency Squad vehicle.
- 5) No member will operate an Easton Emergency Squad vehicle while under the influence of alcohol or controlled substance.
- 6) Must be free from any physical or mental defect or disease that may impair his/her ability to operate an emergency vehicle.
- 7) May not have been convicted within the last four (4) years of driving under the influence of alcohol or controlled substance, and within the last two (2) years, has not been convicted of reckless driving, or had a driver's license suspended under the point system. Members must report such convictions to Easton Emergency Squad management within five (5) days.
- 8) Any driver convicted under paragraph 7 above must successfully complete an emergency vehicle operations course (EVOC).

Signature of Driver

Date