

# Northwest Emergency Medical Services, Inc.

380 W. Bainbridge Street  
 PO Box 384  
 Elizabethtown, PA 17022  
 717 361 8220 FAX 717 367 8514

**CONFIDENTIAL**



## EMPLOYMENT / VOLUNTEER APPLICATION

Date of Application \_\_\_\_\_ Position applied for \_\_\_\_\_ Date available \_\_\_\_\_

Last Name:		First Name:		Middle Initial:
Address:		City:	State/ZIP:	
Telephone:	Pager/Cell phone:		E mail:	

Availability: (circle all that apply) Days Nights Weekends

Requesting: (circle one) Full Time Part Time Volunteer (at this time)

## EMPLOYMENT HISTORY

Please list current place of employment first

Employer:		Dates of employment:	
Address:		Reason for leaving:	
Telephone:	Job Title:	Pay Rate:	
Duties:		May we contact employer for reference? Y / N	

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Address:		Reason for leaving:	
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## EDUCATION

High School, College, Vocational or other	Location (City, State)	Graduate?	Degree (or credits from graduation)

List any foreign language(s) and present fluency level (read, write, and/or speak)

\_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Relationship \_\_\_\_\_

## REFERENCES

Please give the name, address, telephone number and the number of years you have been acquainted with the individual. One reference should be a member of NWEMS, Inc. Indicate Personal, Professional or both in "Type" column.

Name	Address	Telephone	Years	Type

Please explain why you wish to join our organization:

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Circle "Yes" or "No" for each question. Please provide details below if applicable.

1. Are you over the age of 18? Yes / No
2. Do you have a current and valid driver's license? Yes / No  
(May be required for position)
3. Are you legally eligible for employment in the United States? Yes / No
4. In the past three (3) years, have you knowingly used any amphetamines, narcotics, barbiturates, or other controlled substances that were not prescribed for you by a licensed physician? Yes / No  
(If "Yes," please provide details below.)
5. Have you been convicted of a felony or a misdemeanor in the past five years? Yes / No  
(If "Yes," please provide details below. *Conviction will not necessarily disqualify an individual for employment.*)
6. Have you ever had your Medical Command revoked and/or suspended? Yes / No  
(If "Yes," please provide details below.)

Please list the reference question number and the explanation for any "Yes" answers to questions 4 - 6 here.

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## APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the Membership committee and/or Board of Officers, and/or other designated personnel to investigate and/or verify this information as deemed necessary. I also hereby release all persons, companies, and associations supplying such information from all liability. I indemnify NWEMS, Inc. against any liability resulting from such investigations. I understand and accept that any omissions, distortions, and or misinformation given by me is grounds for my immediate dismissal from consideration for employment, or termination from employment if I am hired by NWEMS, Inc. I agree to abide by a Constitution and By-Laws of, and all policies, rules, and regulations established and set forth by NWEMS, Inc.

\_\_\_\_\_  
Applicant signature and date

\_\_\_\_\_  
Parent/Guardian signature if applicant under 18

## EMPLOYMENT RELATIONSHIP

I understand that nothing contained in this application or in the granting of an interview is intended to constitute an employee contract between NWEMS, Inc. and myself for employment. No promises regarding employment have been made to me.

\_\_\_\_\_  
Applicant signature and date

\_\_\_\_\_  
Parent/Guardian signature if applicant under 18

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## CERTIFICATIONS

**\*\*Please submit a copy of these certifications at the time of application. All applications must be accompanied by a recent PA Criminal Record Check and Child Abuse History Clearance Form. Applications without these clearances will not be considered. Provide a copy of any other certifications to a Supervisor as soon as possible.**

Course	Cert. #	Cert. Date	Exp. Date	NWEMS Use Only Copy Submitted
PA EMT/Medic/PHP**				
CPR (Healthcare Provider)**				
ACLS <sup>Medic/PHP**</sup>				
Driver's License**				
EVOC				
HazMat (Level)				
BTLS/PHTLS				
PALS				
National Registry				
Other (specify):				
IS 100, 200, 700				
Instructor certification(s):				
Criminal Record Check (SP4-164)**				
Child Abuse History Clearance Form (CY 113)**				
<b>Additional Medic/PHP Information Required at time of application:</b>				
				<b>NWEMS Use Only</b>
Previous MC authorization:				
Previous organization:				
Medical Command Physician:				
Dates of authorization:				
Explanation if authorization was ever revoked:				



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## NWEMS USE ONLY

Action	Date Processed	Result(s)	Initials
Application received			
Personnel Committee			
Interview			
Observation period			
Job/Volunteer offer extended			