

Northwest Emergency Medical Services, Inc.

380 W. Bainbridge Street
 PO Box 384
 Elizabethtown, PA
 717-361-8220



EMPLOYMENT / VOLUNTEER APPLICATION

Date of Application _____ Position(s) applied for _____ Date available to start _____

Last Name:		First Name:		Middle Initial:
Address:		City:	State/ZIP:	
Telephone:	Mobile phone:		E-mail:	

Availability to work: (circle all that apply) Days Nights Weekends

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

EDUCATION

Name of School	Location (City, State)	Number of years completed	Degree or certification

REFERENCES

Please list at least 3 references below that Northwest EMS, Inc. may contact.

Name	E-mail Address	Telephone	Years known	Relationship

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

1. Are you 18 years or older? Yes / No

2. Are you legally eligible for employment in the United States? Yes / No

3. 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.)

4. 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.*)

5. Have you ever had your Medical Command revoked and/or suspended? Yes / No
 (If "Yes," please provide details below.)

Please list the question number and the explanation for any "Yes" answers to questions 3 - 5 here.

Please read carefully and sign.

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment or may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (unless otherwise indicated below), past employer and organizations in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. All offers of employment at Northwest EMS, Inc. are contingent upon clear results of a thorough background check. Background checks will conduct on all final candidates.

I understand that if an offer of employment is extended, it will be contingent upon me successfully passing a pre-employment physical examination, including a urine drug screen. I consent to the release of any or all medical information as may be deemed necessary to perform the essential functions of the position for which I have applied.

I understand that this application is not a guarantee of employment for any definite period of time. If hired, I understand that Northwest EMS, Inc. maintains a policy of "Employment at Will" and that continued employment is based upon the mutual consent of employer and employee. Employment may be terminated at any time by either the employer or the employee without notice.

Applicant signature

Date:

Parent/Guardian signature if applicant under 18

Northwest EMS, Inc. provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

CERTIFICATIONS

****Please submit a copy of these certifications at the time of application. All applications must be accompanied by a recent (within 1 year) PA Criminal Record Check and Child Abuse History Clearance Form. Applications without these clearances will not be considered.**

Course	Cert. #	Cert. Date	Exp. Date	NWEMS Use Only Copy Submitted
PA EMT/Medic/PHHP**				
CPR (Healthcare Provider)**				
ACLS ^{Medic/PHHP} **				
Driver's License**				
EVOC**				
HazMat (Level)**				
BTLS/PHTLS				
PALS ^{Medic/PHHP} **				
National Registry				
Other (specify):				
IS 100**, 200**, 700**, 800**				
Instructor certification(s):				
Criminal Record Check (SP4-164)**				
Child Abuse History Clearance Form (CY 113)**				
Additional Medic/PHHP Information Required at time of application:				
				NWEMS Use Only
Previous MC authorization:				
Previous organization:				
Medical Command Physician:				
Dates of authorization:				
Explanation if authorization was ever revoked:				

NWEMS USE ONLY

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