

TRI-COMMUNITY SOUTH EMS
5490 Progress Boulevard
Bethel Park, PA 15102

EMPLOYMENT APPLICATION

Date _____

Name _____

Address _____

Street

City, State, Zip

Phone () _____

Were you previously an employee with us? Yes No If yes, when? _____

If you meet the required qualifications for the position, on what date will you be available to work?

If selected, what type of transportation will you use to get to work? _____

PERSONAL DATA

If hired, can you document your eligibility to work in the United States? Yes No

Driver=s License No. _____ Exp. Date _____

(Attach copy)

Social Security No. _____

PA EMT or EMT-Paramedic Cert. No. _____ Exp. Date _____

(Attach a copy of your current license and/or other pertinent certifications).

Date of Last Chest X-Ray _____ Date of Last TB Skin Test _____ Results _____

Hepatitis B Vaccination Yes No

Can you perform the essential duties and responsibilities of the position with or without reasonable accommodations? Yes No

Have you ever been convicted of a crime? Yes No

Have you been bonded? Yes No
If yes, for what positions? _____

GENERAL INFORMATION

Have any of the following ever been, or are any in the process of being denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished? Or have you withdrawn or failed to proceed with an application for any of the following? If response is Ayes,@ please provide a full explanation on a separate sheet.

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Paramedic license in any state | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Other professional registration/license | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Academic appointment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Medical Command privileges | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Other agency/service affiliation | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Professional society membership | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Any other type of professional sanction | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Professional liability insurance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have there been any felony criminal charges brought against you? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

PHYSICAL STATUS

Are you currently illegally using drugs or have you illegally used drugs at any time during the past two years? Yes No

If response to the above questions is Ayes,@ please provide a full explanation on a separate sheet and attach to this application.

MILITARY TRAINING

Are you currently in the U. S. Armed Services? Yes No Branch? _____
Dates of previous duty _____ to _____ Rank at Discharge _____

List any duties or special training in the service that are relevant to the essential duties and responsibilities of this position _____

In case of an emergency, please contact:
Name _____ Phone No. () _____

Address _____

EDUCATION

TYPE	NAME / ADDRESS	DID YOU GRADUATE ?	COURSE / MAJOR
Elementary			
High School			
College			
Post-Graduate			
Business/Trade			
Other (Specify)			

EMPLOYMENT HISTORY
 (List with most recent first)

Name and Address of Company / Supervisor	Dates Employed	Duties	Pay Rate Beginning/ End	Reason for Leaving

REFERENCES

NAME / OCCUPATION	ADDRESS	PHONE NUMBER

List any friends or relatives working for us _____

Please inform us of any additional knowledge, skills, and abilities that would allow you to complete the essential duties and responsibilities of this position _____

Tri-Community South EMS is an equal opportunity employer. All prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, or veteran status.

CERTIFICATION, AUTHORIZATION, AND AGREEMENT

I certify that the information supplied by me on this Application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealment of material fact. I authorize Tri-Community South EMS to investigate the truth of this information and of any other information I may supply during an interview. I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information that Tri-Community South EMS may solicit from it or them. I further authorize Tri-Community South EMS to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my Application is denied in whole or part because of information contained in a criminal history report, Tri-Community South EMS will so advise me.

I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by Tri-Community South EMS.

I understand and agree that Tri-Community South EMS's acceptance of this employment application does not constitute any promise, expressed or implied, that I will be selected. I further understand that Tri-Community South EMS does not guarantee anyone an employment position for any specific length of time.

I further understand and agree that any offer to become an employee with Tri-Community South EMS will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent upon my taking and passing physical, psychological and polygraph examinations and drug tests.

I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my ability to work for Tri-Community South EMS in any way.

I hereby acknowledge that I have read this section of the Employment Application and fully understand the meaning and effect of signing this form.

I am aware that should investigation disclose any willful misstatement, falsification or concealment, my Application will be rejected, my name removed from the eligible list, and if already

appointed, I may be dismissed from service. @

Before signing this Application, check it over to make sure that you have answered all questions correctly, and make certain that you have not omitted anything.

Signature of Applicant

Witnessed

Date _____

Y:\DirSec\maiolo\MyFiles\FORMS\Employment Application.doc
Edited 6/8/2006