



# Employment

Employer or past Employment: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Driver Information

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

What Class License? \_\_\_\_\_ Do you have any restrictions on your license? Y or N

If yes, indicate which restrictions: (circle ) B C D E G H I J K L M N O P S X

The following questions are in direct relationship to the operation of an emergency vehicle, as required under the rules and regulations of Act 45 of the 1985, Title 28: Health and Safety.

1) Have you ever completed a PA Emergency Vehicle Operators Course? Y or N

If yes, please give date and place: \_\_\_\_\_

2) Have you ever been convicted in the past four years or driving under the influence of alcohol or drugs? Y or N

If yes, please give date: \_\_\_\_\_

3) Have you been convicted of reckless driving within the past two years? Y or N

If yes, please give date: \_\_\_\_\_

4) Have you ever had your driver's license suspended under the point system? Y or N

If yes, please give date: \_\_\_\_\_

I attest that the information provided is true to the best of my knowledge. I am aware that my driving record may be checked at any time during the time I am affiliated with Shaler EMS. I agree to inform the administration of Shaler EMS of any moving violations or suspensions during the time that I operate an emergency vehicle with Shaler EMS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

# References

*Please list three references*

Name	Address	Occupation	Phone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements and information contained in this application. I hereby release Shaler EMS, it's employees, members, schools, employers, and persons from any and all liability regarding inquiries made in the connection with my application.

In the event of acceptance of membership, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of Shaler EMS, Inc.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

## OFFICE USE ONLY

Date Interviewed: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Accepted: Y or N      If no, why?: \_\_\_\_\_

{ } see attached sheet

End of probation period: \_\_\_\_\_ Date of probation interview: \_\_\_\_\_

Accepted as an active member: Y or N      If no, why? \_\_\_\_\_

{ } see attached sheet

Date of exit interview: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_