



E-Mail all applications to: director@shalerhamptonems.org

TEAM APPLICATION

339 Wetzel Road
Glenshaw, PA 15116
(412) 487-6590

This application is for: Paid Volunteer

Shaler Hampton EMS considers applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by law.

- SHALER HAMPTON EMS IS A DRUG-FREE WORKPLACE -

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Telephone Number: _____

E-Mail Address: _____ Social Security Number: _____

Are you at least 18 years of age? Yes No Date Available to Start: _____

Hours Requested (please select one) Full Time Part Time Volunteer

If part time, how many hours are you seeking per week – include shifts or days available or not available, etc? Please be specific: _____

How did you find out about this position? _____

Do you have any relatives or friends working/volunteering here? _____

If yes, please list: _____

POSITION INFORMATION

Position Applying For: _____

Have you ever worked/volunteered for this organization? _____

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

EDUCATION/CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

	Name & Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Certification	Certification Number	Expiration Date	Instructing Agency
CPR			
EMT/AEMT/EMT-P Level: _____			
National Registry			
PALS			
ACLS			
ITLS/PHTLS			
EMD			
EVOC			
Other: _____			

EMS/FIRE SERVICE RELATED TRAINING: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? Yes No

Do you have a valid Driver's License? Yes No Class: _____

Issued by what State? _____ Driver's License #: _____

List all moving violations in the last 5 years, or state "None" if true. _____

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? Yes No

If yes, explain: _____

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? Yes No

If yes, explain: _____

EMPLOYMENT HISTORY

List all employment history (volunteer activities if pertinent to EMS), starting with the most recent. **ATTACH ADDITIONAL PAGES IF NECESSARY.**

OMISSIONS WILL EXCLUDE YOU FROM CONSIDERATION!

I.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? Yes No

Reason for leaving: _____

II.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? Yes No

Reason for leaving: _____

III.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? Yes No

Reason for leaving: _____

IV.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? Yes No

Reason for leaving: _____

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: _____

Have you ever been suspended, terminated, or resigned in lieu of termination from past employment? (please select one)

Yes No

If you answered yes above, please explain _____

A "Yes" for this question will not necessarily disqualify you from employment, however an omission of this information will disqualify you.

REFERENCES

List three persons, other than relatives, with knowledge of your work experience and education.

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Years Known: _____ Telephone Number (including area code): _____

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Years Known: _____ Telephone Number (including area code): _____

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Years Known: _____ Telephone Number (including area code): _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the company in any way. Applications will remain active for one year, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug-screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the company as a condition of my employment, and I hereby give my consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this company.

I hereby authorize the company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, credit history and other such inquiries. I release the company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the company may be terminated.

Applicant's Signature:

Date:

Printed Name: