

BOROUGH OF BUENA EMERGENCY MEDICAL SERVICES DEPARTMENT

Employment Application

The Borough of Buena EMS Department is an Equal Opportunity Employer Operating under the New Jersey Department of Personnel and an Established Affirmative Action Program. All applicants are considered for positions without regard to race, creed, color, national origin, nationality, ancestry, sex/gender, civil union status, domestic partnership status, affectional or sexual orientation, genetic information, pregnancy, gender identity or expressions, disability (actual or perceived) age, marital status, familial status, religion, atypical hereditary or cellular or blood trait, of any individual or because of liability for service in the armed forces of the United States or because of refusal to submit to genetic test or make available the results of a genetic test to an employer.

Please follow these instructions when completing this application:

1. Please print legibly in ink.
2. This application must be fully completed. A resume may be included; however, it will not substitute for the application or any section within this application. Any incomplete applications will not be considered.
3. Photocopies of the following documents must be included with this application. Failure to include the minimum documents will automatically reject your application.
 - a. EMT-B/NREMIT-B certification.
 - b. Valid CPR Certification.
 - c. Valid New Jersey Drivers License

Administration Use Only

Application Received: _____ Reference Check: _____

All Attachments Included: _____ Hire Date: _____

Applicant Contacted: _____ Pay Rate: _____

Applicant Interviewed: _____ Start Date: _____

By Whom: _____

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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 Department in any way. Applications will remain active for six months, after which time re-application will be necessary. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical and psychological 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 maybe required by the Department as a condition of my employment, and I hereby give my consent to the release of all information which the Department 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 may result in immediate discharge from this Department. I hereby authorize the Department 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, and other such inquiries. I release the Department and all informants from all liability resulting from such inquiries. I certify that I am not now, nor have I ever been excluded from any state or federal health care program or EMT related service. I further understand that if it is determined that I was so excluded; my employment with the Department may be terminated.

Applicant's Signature

Date

Printed Name

Can you work any Assigned Shift? YES _____ NO _____

Can you work? Overtime _____ Nights _____ Weekends _____ Holidays _____

Please explain your availability:

Are you a citizen of the United States? YES ___ NO ___

If no, are you authorized to work in the U.S.? YES ___ NO ___

Have you ever worked for the Borough of Buena? YES ___ NO ___

If yes, when? _____

Are you over 18 Years old? YES ___ NO ___

EDUCATION

High School: _____ Address: _____

From: _____ To: _____

Did you graduate? YES ___ NO ___

College: _____ Address: _____

From: _____ To: _____

Did you graduate? YES ___ NO ___ Degree: _____

Post College Education? YES _____ NO _____

Name of Institution: _____

Address: _____

Degree: _____

REFERENCES

Please list three professional references unrelated to you whom we may contact for information concerning your qualifications.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than Honorable, please explain: _____

Certifications/EMS Experience

EMT or NREMT Cert #: _____ Exp. Date: _____ Date:

Initial Certification Date: _____

Current Re/Certification Date : _____

Certification Level: _____

CPR Expiration Date: _____

Total amount of time working in a 911 based agency.
(months/years): _____

Total amount of time Volunteering in a 911 based agency.
(months/years): _____

Total amount of time working in a medical transport- based agency.
(months/years): _____

1.CEVO: Yes or No

2.Incident Command 100: Yes or No

3.Incident Command 200: Yes or No

4.NIMS 700: Yes or No

5.NIMS 800: Yes or No

6.Hazmat Awareness: Yes or No

7.Weapons of Mass Destruction / CBRNE Awareness: Yes or No

8. Developmental Disabilities: Yes or No

If you have any other certifications, please list in the space provided.

Additional Information That Would be Helpful in Evaluating your Qualifications

Has your EMT certification ever been suspended or revoked? Yes _____ No _____

If Yes, please explain _____

Do you currently have an EMT certification in any other state? If so, please provide the EMT Level, Certification Number and Expiration date.

Supplemental Driving Application

1. a) Do you hold a valid driver's license? YES ___ NO ___
b) License No.: _____ State: _____
Expiration Date: _____
c) If you answered no to 1(a), what date will you obtain your license?

2. a) Do you have a CDL license? YES ___ NO ___
b) License No.: _____ State: _____
Expiration Date: _____

3. a) Have you held a license in any other state in the past five (5) years from the date of this application? YES ___ NO ___
b) If so, please explain:

4. a) Have you ever been denied a license, permit, or privilege to operate a motor vehicle in New Jersey or any other state? YES ___ NO ___
b) If so, please explain:

5. a) Do you presently hold more than one valid driver's license?
YES ___ NO ___
b) If so, please explain:

6. a) Have you ever been disqualified as a driver under the Federal Motor Vehicle Carrier Safety Standards? YES ___ NO ___
b) If so, please explain:

Applicant's Authorization

I, _____ (Print your Name) authorize the Borough of Buena to run an MVR Report.

Signature: _____ Date: _____

Applicant's Certification

I, _____ (Print Your Name) hereby certify that, to the best of my knowledge and belief the answers to the questions I have given on this supplemental driving application and the facts that I have supplied are true and complete. I am aware that if I have given false, misleading or incomplete answers or facts in this application, my application will be rejected and the, if I am Employed, any such falsification, misleading or incomplete answers or facts supplied herein shall be a basis for termination of my employment.

Signature: _____ Date: _____

NOTARIZATION

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, _____
signed the above

Release of Liability in my presence.

NOTARY PUBLIC

Residing at: _____

My Commission expires: _____

Signature: _____