



EAST ALLEN TOWNSHIP VOLUNTEER AMBULANCE CORPS

4945 Nor-Bath Blvd. Northampton, PA 18067

Updated January 2015

APPLICATION FOR EMPLOYMENT

Interview Date _____

Application Date _____

PLEASE NOTE:

Completed applications are to be emailed to the EATVAC Board of Directors at Employment@eatvac.org, and must include subject line **EATVAC Employment Application.**

Photocopies of the following background clearances must accompany application:

- Pennsylvania Criminal Record Clearance
- Pennsylvania Child Abuse History Clearance

Date able to start employment _____

Personal Contact Information

Last Name _____ First _____ MI _____

Other Names (Maiden and/or Aliases) _____

SSN _____ DOB _____

Street Address _____

City/State/Zip _____

Home Phone _____ Email _____

Cell Phone _____ Cell Phone Carrier _____

Driver's License # _____ Classes _____
State & Exp. Date _____ Restrictions _____

Employment History

Current Occupation _____

May we contact your current employer? _____

Current Employer _____

Phone _____ Address _____

Also list past employment history, within the last 10 years:

Employer _____ Years employed: From _____ to _____
Phone _____ Address _____

Employer _____ Years employed: From _____ to _____
Phone _____ Address _____

Employer _____ Years employed: From _____ to _____
 Phone _____ Address _____

Were you ever discharged, asked to resign, or have you ever resigned in lieu of termination by any employer? _____

If so, please explain _____

May we contact your previous employers? _____

References

Provide 3 professional references:

Name	Phone	Relationship	Years Known

Certifications

Provide the number & expiration dates for the following certifications you currently have:

Certification	Number & Expiration Date
CPR	
EMT	
EMT-P	
EVDT/EMSVO	

List other certifications or training you have received that is relevant to the emergency field:

Other Information

1. How did you hear about EATVAC? _____
2. Have you ever been a member of EATVAC? _____ If so:
 - a. Years of membership _____ to _____
 - b. Reason for leaving: _____
3. What is your highest level of education? _____
4. Are you a citizen of the United States? _____
5. Have you ever served in the Armed Forces? _____ If yes, did you receive an honorable discharge? _____
6. Do you have any medical or physical conditions that may prevent you from driving or from carrying out the duties of an emergency worker? _____
 If YES, please explain _____

7. Have you ever been convicted of a crime? _____
 If YES, please explain _____
8. Do you use illegal drugs, or have been arrested on drug-related charges? _____
 If YES, please explain _____
9. Have you been involved in a car accident that was determined your fault in the past five (5) years? _____
 If YES, please describe _____
10. Have you ever had your driver's license suspended or revoked? _____
 If YES, please explain _____
11. Are you willing to follow and abide by the Bylaws, Policies, SOPs and Employee Handbook of EATVAC? _____
12. Are you a member of or affiliated with any other emergency service? _____
 If YES, please list the names and locations:

- May we contact them for a reference? Yes _____ No _____

By signing, I verify that all information on this application is true and correct:

 Applicant Name Printed

 Application Date

 Applicant Signature

 Hire Date

 Board of Director Signature

 Board of Director Signature