

# EMS MEMBERSHIP / EMPLOYMENT APPLICATION PORT READING FIRST AID SQUAD

You must be at least 16 years of age in order to be considered.

NOTE: Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law.

IMPORTANT: This application is considered part of the examination process, and MUST be fully completed.

DO NOT ENCLOSE A RESUME. Incomplete applications may be rejected. Be brief, but you should include all important information related to your qualifications for this position. All statements are subject to investigation and any facts found to be false, exaggerated or misleading may result in your disqualification.

## PERSONAL INFORMATION

DATE \_\_\_\_\_, 2019 SOCIAL SECURITY # \_\_\_\_\_ - -

NAME \_\_\_\_\_  
Last, First Middle

CURRENT ADDRESS \_\_\_\_\_  
Number and Street City, State Zip

DAY PHONE # ( ) \_\_\_\_\_ EVENING PHONE # ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### Driving/Criminal Record

Driver's License # \_\_\_\_\_ Restrictions \_\_\_\_\_

*Please circle your answer to the right for the questions below.*

Has your Driver's License ever been suspended? YES / NO

Have you ever been convicted of a crime involving violence? YES / NO

Are you currently on parole, probation, work release program or on bail? YES / NO

Have you been immunized against Hepatitis-B? Yes / No If Yes, give date: \_\_\_\_\_

**Medical – Do you have any medical or physical problems that prevent you from: (check all that apply)**

Doing CPR?  Lifting 100 – 150 lbs?  Climbing/Descending Stairs?

Carrying 70 lbs of equipment?  Driving a Vehicle?  Wearing Respiratory Protection

Bending, squatting, kneeling, walking on uneven ground

Any other physical condition(s) which would prevent you from meeting the requirements of being an EMT?

## EDUCATION

School name, city and state Circle highest year completed.

Did you graduate? Yes / No

**High School** \_\_\_\_\_ 9 10 11 12

School name, city and state Circle highest year completed.

Did you graduate? Yes / No

**College** \_\_\_\_\_ 1 2 3 4

College name, city and state Circle highest year completed.

Did you graduate? Yes / No

**Other** \_\_\_\_\_ 1 2 3 4

If you attended college, what was your : \_\_\_\_\_  
Major Minor Highest degree earned

High School Equivalency Diploma (GED)? Date of diploma (MM/DD/YY) \_\_\_\_\_ Number \_\_\_\_\_

If applicable, what year did you graduate High School? (MM/YYYY) \_\_\_\_\_





Have you ever been convicted of a law violation other than a minor traffic offense: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

For purposes of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are **not** considered minor traffic offenses.

Have you ever been fired or asked to resign from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Are you a United States citizen or are you authorized to work in the United States: \_\_\_\_\_ Yes \_\_\_\_\_ No

X \_\_\_\_\_  
Signature Date

**IMPORTANT – READ THE INFORMATION BELOW AND SIGN YOUR APPLICATION**

Do you understand that as part of the hiring process you will be required to submit to a thorough background investigation, a physical examination and drug testing? Yes / No

My signature below certifies that the information provided in this application is correct and truthful. I realize that falsifying any information submitted may be grounds for rejection of this application or termination of membership / employment. I also give consent to the Port Reading First Aid Squad to check previous employers, educational records, and references and release the Port Reading First Aid Squad, its agents and employees from any liability that might arise from such disclosures. I further understand the acceptance of this application does not constitute an offer of employment or volunteer agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment. **I ACKNOWLEDGE THAT I HAVE READ THIS INFORMATION AND THAT I UNDERSTAND THE REQUIREMENTS FOR MEMBERSHIP / EMPLOYMENT WITH THE PORT READING FIRST AID SQUAD.**

X \_\_\_\_\_  
Signature Date