



GREATER PITTSTON REGIONAL AMBULANCE

Application for Volunteer Membership/Employment

Greater Pittston Regional Ambulance is a private non-profit organization that considers applications for all positions without regard to: race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other legally protected class.
GREATER PITTSTON REGIONAL AMBULANCE IS A DRUG-FREE WORKPLACE.

Today's Date (MM/DD/YYYY)

PERSONAL INFORMATION

First Name

Middle Name

Last Name

Address Line 1

Address Line 2

City

State

Zip Code

Primary Phone (000) 000-0000

Phone Type & Carrier _____

Secondary Phone (000) 000-0000

Phone Type

☐ Mobile ☐ Home ☐ Business

☐ Mobile ☐ Home ☐ Business

E-mail Address (email@domain.com)

Social Security Number (000-00-0000)

Driver's License Number

State

Expiration Date (MM/DD/YYYY)

Note: All healthcare entities are required to register providers by their Social Security Number to Medicare.

Date of Birth

Are you at least eighteen (18) years
of age or older?

If under eighteen (18) a work permit
is required, do you have one?

☐ Yes ☐ No

☐ Yes ☐ No ☐ Not Applicable

Do you have any relatives or friends that are currently
volunteer member/employees at GPRA?

☐ Yes ☐ No

If "yes", list the names:

POSITION INFORMATION

What membership category are you applying for?

☐ Volunteer Membership ☐ Employment

Have you ever previously been or applied to be a volunteer
member/employee at GPRA?

☐ Yes ☐ No

What position are you applying for?

If "yes", list the date(s), prior position(s) and reason(s) for
leaving:



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WORK REQUIREMENTS & GENERAL INFORMATION

Can you provide, if accepted for volunteer membership/hired for employment, that you are eligible to work in the U.S.?

☐ Yes ☐ No

Has your driver's license ever been suspended or revoked for any reason?

☐ Yes ☐ No

Have you ever been arrested, charged or convicted by any law enforcement authority or court?

☐ Yes ☐ No

Have any of your medical certifications or Medicare Provider Privileges been suspended or revoked?

☐ Yes ☐ No

Do you have a valid driver's license?

☐ Yes ☐ No

If "yes", list the date(s) and reason(s):

If "yes", explain all such events including place(s), date(s), and disposition(s):

If "yes", explain all such events including place(s), date(s), and disposition(s):

Note: Answering "yes" to any of the above questions does not constitute an automatic rejection from membership/employment. Date of the offence, serious and nature of the violation, rehabilitation and position applied for will be considered.

CERTIFICATION INFORMATION

	Number	Activation Date	Expiration Date	Certifying Agency	Included
CPR (BLS or HCP)					<input type="checkbox"/>
Basic First Aid					<input type="checkbox"/>
PA EMS Provider Certification					<input type="checkbox"/>
National Registry EMS Certification					<input type="checkbox"/>
EVOC/EMSVO					<input type="checkbox"/>
Hazardous Materials					<input type="checkbox"/>
PHTLS/TCCC					<input type="checkbox"/>
ACLS					<input type="checkbox"/>
PALS					<input type="checkbox"/>
NIMS ICS 100					<input type="checkbox"/>
NIMS ICS 200					<input type="checkbox"/>
NIMS ICS 700					<input type="checkbox"/>
NIMS ICS 800					<input type="checkbox"/>

Note: List only current certifications and be sure to include copies of all listed certifications upon submission.



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EMPLOYMENT HISTORY

1 | Employer

City	State	
<input type="text"/>	<input type="text"/>	
Supervisor Name	Phone Number (000) 000-0000	Phone Type
<input type="text"/>	<input type="text"/>	<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Business
Job Title	Date Start (MM/DD/YYYY)	Date End (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Description (including duties and responsibilities)		
<input type="text"/>		
Reason for Leaving	Salary	May we contact?
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

2 | Employer

City	State	
<input type="text"/>	<input type="text"/>	
Supervisor Name	Phone Number (000) 000-0000	Phone Type
<input type="text"/>	<input type="text"/>	<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Business
Job Title	Date Start (MM/DD/YYYY)	Date End (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Description (including duties and responsibilities)		
<input type="text"/>		
Reason for Leaving	Salary	May we contact?
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

3 | Employer

City	State	
<input type="text"/>	<input type="text"/>	
Supervisor Name	Phone Number (000) 000-0000	Phone Type
<input type="text"/>	<input type="text"/>	<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Business
Job Title	Date Start (MM/DD/YYYY)	Date End (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Description (including duties and responsibilities)		
<input type="text"/>		
Reason for Leaving	Salary	May we contact?
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No



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EDUCATION & TRAINING

High School

City

State

Years Completed

Did you graduate?

If not, highest grade completed:

Have you received your GED?

☐ Yes ☐ No

☐ Yes ☐ No

College

City

State

Years Completed

Did you graduate?

If not, highest year completed:

Degree/Major

☐ Yes ☐ No

Other College

City

State

Years Completed

Did you graduate?

If not, highest year completed:

Degree/Major

☐ Yes ☐ No

Technical School

City

State

Years Completed

Did you graduate?

If not, highest year completed:

Degree/Certificate/License

☐ Yes ☐ No

Other School/Training

City

State

Years Completed

Did you graduate?

If not, highest year completed:

Degree/Certificate/License

☐ Yes ☐ No

Military Branch of Service

City

State

Rank

Date Start (MM/DD/YYYY)

Date End (MM/DD/YYYY)

Job Description (including duties and responsibilities)

Reason for Leaving



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REFERENCES

Note: An important part of the membership process is reference checking. Although we may directly contact the listed employers and references, after we receive your application, you will receive an email titled "Greater Pittston Regional Ambulance Reference Checking Process". This email will provide you with instructions on how to complete this process separately, which is entirely online, and a link to enter your references: minimum 5, of which 2 must be a current or past manager/supervisor. If you are in high school or college, teachers, professors and instructors may qualify as manager references.

Directions: List two (2) persons who are a current or past manager/supervisor and have knowledge of your work experience and/or education.

1 First Name	Last Name	Reference Type	
<input type="text"/>	<input type="text"/>	<input type="radio"/> Former	<input type="radio"/> Current
Relationship	Date Start (MM/DD/YYYY)	Date End (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Job Title	Employer		
<input type="text"/>	<input type="text"/>		
City	State	Phone Number (000) 000-0000	Phone Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Business
E-mail Address (email@domain.com)			
<input type="text"/>			

2 First Name	Last Name	Reference Type	
<input type="text"/>	<input type="text"/>	<input type="radio"/> Former	<input type="radio"/> Current
Relationship	Date Start (MM/DD/YYYY)	Date End (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Job Title	Employer		
<input type="text"/>	<input type="text"/>		
City	State	Phone Number (000) 000-0000	Phone Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Business
E-mail Address (email@domain.com)			
<input type="text"/>			



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REFERENCES

Directions: List three (3) additional references who know you personally or have knowledge of your work experience and/or education.

3 First Name		Last Name		Reference Type	
<input type="text"/>		<input type="text"/>		<input type="radio"/> Former <input type="radio"/> Current	
Relationship		Date Start (MM/DD/YYYY)		Date End (MM/DD/YYYY)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Job Title		Employer			
<input type="text"/>		<input type="text"/>			
City	State	Phone Number (000) 000-0000		Phone Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Business	
E-mail Address (email@domain.com)					
<input type="text"/>					

4 First Name		Last Name		Reference Type	
<input type="text"/>		<input type="text"/>		<input type="radio"/> Former <input type="radio"/> Current	
Relationship		Date Start (MM/DD/YYYY)		Date End (MM/DD/YYYY)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Job Title		Employer			
<input type="text"/>		<input type="text"/>			
City	State	Phone Number (000) 000-0000		Phone Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Business	
E-mail Address (email@domain.com)					
<input type="text"/>					

5 First Name		Last Name		Reference Type	
<input type="text"/>		<input type="text"/>		<input type="radio"/> Former <input type="radio"/> Current	
Relationship		Date Start (MM/DD/YYYY)		Date End (MM/DD/YYYY)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Job Title		Employer			
<input type="text"/>		<input type="text"/>			
City	State	Phone Number (000) 000-0000		Phone Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Business	
E-mail Address (email@domain.com)					
<input type="text"/>					



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PREVIOUS EXPERIENCE

Do you have any other current medical, fire, rescue, or related certifications or training not listed above? If so, list the name of all applicable certifications and trainings and be sure to include copies of all listed certifications and trainings upon submission.

Have you ever volunteered or been employed at a public safety entity before? If so, list the name of the organization(s), years of services, position held and contact info. (i.e. police department, ambulance service, fire department, rescue service, etc.)

Do you have any additional qualifications or affiliations, personal or professional, that you feel would be beneficial for us to know when considering your application? If so, list the title, type, and extent of your experience.

ATTACHMENTS

☐ Copy of Driver's License/Photo Identification

☐ Copy of Social Security Card

☐ Copy of Work Permit (if applicable)

☐ Copies of Included Certifications

☐ DOT Request for Driver Information Authorization Form
(Complete & Sign – Attach to Application, Do Not Submit Separately)

☐ Pennsylvania Child Abuse History (ChildLine) Clearance
(Complete & Submit – Attach Results Form to Application)

☐ Pennsylvania State Police (PSP) PATCH Criminal Record Check
(Complete & Submit – Attach Results Form to Application)

☐ FBI Federal Criminal History (Fingerprint) Report – Cogent
(Complete & Submit – Attach Results Form to Application)

Note: For your application to be considered, **all supporting documentation must be attached.**



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ACKNOWLEDGEMENT & AUTHORIZATION

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 termination of membership/employment if accepted/hired. I recognize that completion of this application does not mean that position openings exist and does not obligate Greater Pittston Regional Ambulance (GPRA) in any way. Applications will remain active for six (6) months, after which time re-application will be necessary. If accepted/hired, membership/employment will be "at will" and either I or GPRA is free to terminate the membership/employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for membership/employment.

If accepted/hired 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 am required to undergo alcohol and drug screening tests as condition of membership/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 membership/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 GPRA as a condition of my membership/employment, and hereby give my consent to the release of all information which GPRA 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 GPRA.

I hereby authorize GPRA to investigate my employment history with current and former employers and to make any further investigation deemed necessary in connection with my application for membership/employment, including personal inquiries, educational inquiries, financial inquiries, criminal history check, driving record check, child abuse clearance check, and other such inquiries. I release GPRA 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 membership/employment with GPRA may be terminated.

I also agree to pay GPRA a non-refundable Application Fee that covers the cost of background checks and clearances which will be collected at the time of interview (if applicable)

Signature of Applicant

Date

GPRA requires that all applicants less than eighteen (18) years of age receive parent or guardian consent in order to apply and hold membership. Your signature on this application indicates you are granting your child permission to apply for Volunteer Membership and you understand the above activities and authorize them to be conducted.

Signature of Parent/Guardian (If under 18)

Relationship

Date

FOR GPRA USE ONLY

Application Received By

Class/Position Interviewing For

Membership Vote/Hire Decision

Application Received Date

Interview Date

Membership Vote/Hire Date