

Current Training (please attach copies of all current certifications and driver's license)

New Jersey EMT Certification Number:
CPR (HCP Level)

Expiration:
Expiration

Pre-hospital Trauma Life Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration
CEVO – Ambulance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration
EVOC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration
HazMat Awareness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ICS 100	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ICS 700 (NIMS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Other training

Background Information

Do you have any physical and or medical limitations that might have an effect upon your ability to perform the duties of an active ambulance squad member? Yes No

If yes please describe or list:

Do you have any history of habitual drug or alcohol use? Yes No

If yes please describe or list:

For the following section, please keep in mind that false statements or omission of information at the time of the initial background check or any time after may affect your employment status. A criminal charge or conviction will not necessarily bar you from employment.

Do you currently have any criminal charges or allegation pending against you? Yes No

If yes please describe or list:

During the past seven (7) years have you been convicted of any crimes or have you been incarcerated?

Yes No

If yes please describe or list:

During the past seven (7) years have you been convicted of any moving violations?

Yes No

If yes please describe or list:

Character Reference

Please list three (3) references as to your character. References may not be relatives, friends or employees of the Galloway Township Ambulance Squad Inc., past or present. Please list officers, supervisors and or co-workers of any ambulance squad or other agencies in which you were a member or employee.

Full Name:

Relationship:

Company:

Phone: ()

Address:

Full Name:

Relationship:

Company:

Phone: ()

Address:

Full Name:

Relationship:

Company:

Phone: ()

Address:

Previous Employment Reference

Please list every place you were previously employed in the last 5 years chronologically below. OMIT NONE. Include part-time employment. If you run out of space, you may use the backside of this page.

Dates of Employment	Name and Address	Phone Number	Immediate Supervisor	Reason For Leaving

I hereby certify that I have answered the previous questions truthfully and in good faith. I agree to comply with the standard operating guidelines and employee handbook of the Galloway Township Ambulance Squad Inc. (GTAS) It is understood that upon my termination and or resignation of my employment that I am required to return all equipment issued, borrowed, loaned and or purchased for me by GTAS. I also understand that failure to return any and all equipment within the allotted time will result in criminal charges against myself. I also concur that failure to complete or omission of information in reference to any questions asked on the application or in my personal interview may result in the declination of my acceptance.

Signature

Date: / /

Print Name

Consent Release and Authorization for background checks

It is the policy of the Galloway Township Ambulance Squad to perform initial and ongoing background checks on all staff members. Evidence of criminal history or motor vehicle violations history may affect employment and or ambulance driver status.

To all courts, probation departments, selective service boards, educational institutions, banks financial or other such institutions, and all government agencies, federal, state, and local, without exception, both foreign and domestic:

I have authorized the Galloway Township Ambulance Squad (GTAS) to conduct a full investigation into my background and activities. This investigation shall include, but is not limited to, local, state, and national criminal history inquiries and motor vehicle license status and abstract inquiries (from any state common wealth or foreign jurisdiction where such are kept pertaining to me). In addition I authorize GTAS to conduct an ongoing investigation into my background and activities during the length of my employment with GTAS.

Therefore you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by an employee or agent of GTAS, provided that he or she certifies to you that I have an application pending before GTAS for employment or that GTAS is performing a routine check into my background, as authorized by the chief and or administrator of GTAS.

This authorization shall supersede and countermand any prior authorization.

A photo static copy of this authorization will be considered as effective and valid as the original.

Legal Signature of Applicant

Printed Name

Date: / /

DOB / /

Social Security: - -

Please submit completed applications by U.S. Mail or in person to:

Galloway Township Ambulance Squad

P.O. Box 784

311 Carton Avenue

Pomona, New Jersey 08240

Squad Use Only

Received: / /

Background: / /

Interviewed: / /