

**SOUTHERN BERKS**  
**REGIONAL**  
EMERGENCY MEDICAL SERVICES

**EMPLOYMENT APPLICATION**

**Hours Applying For:** Full Time Part-Time Per-Diem  
**Position(s) Applying For:** Paratransit EMT AEMT Paramedic PHRN

**BASIC INFORMATION**

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_  
(Number) (Street) (Unit or Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip) (Phone Number)

\_\_\_\_\_  
(City) (State) (Zip) (Phone Number)

Email address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Number) (Street) (Unit or Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip) (Phone Number)

From: \_\_\_\_\_ Thru: \_\_\_\_\_

Are you at least 18 years of age (required to drive ambulances)? YES NO

Are you at least 21 years of age (required to drive wheelchair van)? YES NO

Have you ever worked/volunteered for this organization? YES NO

If so, date(s): \_\_\_\_\_ Prior Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have any friends or relatives working/volunteering for SBREMS? YES NO

If so please list names: \_\_\_\_\_

<b>Required Certification Information</b>			
List only current certifications and attach photo copies of certifications to this application.			
Certification	Certification Number	Expiration Date	Certifying State/Agency
Driver's License			
EMT/Medic/PHRN			
CPR			
EVOC			
NIMS100			
NIMS 200			
NIMS 700			
ACLS (ALS Only)			
PALS (ALS Only)			
<b>Optional Certification Information</b>			
Haz-Mat			
PHTLS			
National Registry			

**Educational and Training Information**

High School: \_\_\_\_\_  
(Name) (Location) (Years Completed)

College: \_\_\_\_\_  
(Name) (Location) (Years Complete) (Degree Earned)

Other: \_\_\_\_\_  
(Describe)

Special Training, Skills or Licenses: \_\_\_\_\_

EMS/Fire Service related training not listed above:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMS/Fire/Professional Affiliations (other than listed under prior employment):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Criminal Record**

Have you ever been convicted of a crime other than a summary or minor traffic offense?

YES      NO

If yes, describe: \_\_\_\_\_

**Immigration Status**

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration status?

YES      NO

If hired, an Immigration Form I-9 and proof of citizenship will be needed.

**Employment History**

Beginning with the MOST RECENT, list all jobs including volunteer work, part time employment while in school, military service, self employment and unemployment. Please account for all periods of employment and unemployment for at least the past five (5) years and including at least the last three (3) employers.

Present Job:

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Employment dates: From: \_\_\_\_\_ Thru: \_\_\_\_\_

Job title and major duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Next Higher Supervisor: \_\_\_\_\_

Starting Salary per hour: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Why do you want to leave? \_\_\_\_\_

May we contact your present employer?    YES      NO

Previous Job:

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Employment dates: From: \_\_\_\_\_ Thru: \_\_\_\_\_

Job title and major duties: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Next Higher Supervisor: \_\_\_\_\_

Starting Salary per hour: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer? YES NO

Previous Job:

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Employment dates: From: \_\_\_\_\_ Thru: \_\_\_\_\_

Job title and major duties: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Next Higher Supervisor: \_\_\_\_\_

Starting Salary per hour: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer? YES NO

Please explain any gaps of one month or longer between listed jobs: \_\_\_\_\_

\_\_\_\_\_

<b>References</b>
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List three references, do not use relatives.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I swear that all of the information contained in this application is true and correct. I understand that all of the information contained in this application is subject to verification by SBREMS. The investigation may include contacting prior employers, checking my driving record and criminal record check. I understand that misrepresentation or omission of any facts on this application will cause it to be rejected, or if not discovered until after hire, will subject me to termination.

I understand:

- All applicants offered a position agree to comply with the provisions of our Drug and Alcohol policy and understand that violations of the policy will be considered willful misconduct and will result in discipline up to and including termination of employment.
- All applicants offered a position considered physically demanding or safety sensitive will be required to successfully pass a physical ensuring they can safely perform the position being offered.
- All applicants offered a position that requires driving will be required to have a valid driver's license and a safe driving record.
- All applicants offered a position may, as necessary, be required to successfully complete a criminal background check and child abuse history clearance. All applicants are required at time of application to review the position they are applying and agree they are able to meet all aspects of the position.

I further understand that as a condition of employment I will be required to successfully pass a drug screening test. If an offer of employment is made to me it will be contingent upon my taking and passing a complete job related physical examination.

I further understand that nothing in this application or in the granting or conduction of an interview or tests is intended to create an employment contract of any kind. No promises regarding employment have been made to me and I understand that no such promise would be binding upon the management or Board of Directors of SBREMS.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Southern Berks Regional Emergency Medical Services  
Application for Employment  
FORMER EMPLOYEE REFERENCE REQUEST**

Applicant Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

I hereby authorize my former employer listed below to furnish any information concerning my personal character, habits, or employment record and I hereby release such employer from any liability or damages as a result of furnishing such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Former Supervisor's Name: \_\_\_\_\_

Former Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Dear Sir/Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Employed: \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Would you re-hire?: \_\_\_\_\_

Please check the appropriate response:

Attendance:	___ Excellent	___ Average	___ Below Average
Quality of Work:	___ Excellent	___ Average	___ Below Average
Teamwork:	___ Excellent	___ Average	___ Below Average

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_



***SOUTHERN BERKS***  
***REGIONAL***  
**EMERGENCY MEDICAL SERVICES**

Please return application by mail or in person to:

Southern Berks Regional EMS  
769 Mountain View Rd  
Reading, PA 19607

Or Fax to:

610-796-1510

Thank you!