



CODE 3 EMERGENCY MEDICAL SERVICES, LLC

PO BOX 831

COLUMBIA, PA 17512

Code 3 Emergency Medical Services (Code 3 EMS) considers applications for employment without regard to race, color, religion, sex, sexuality, national origin, age, disability, or any other characteristic protected by law.

Code 3 EMS IS A DRUG FREE WORKPLACE

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Please Circle one) HOME CELL WORK

Email Address: _____

Are you over the age of 18 Years old: (Please Circle one) YES NO

Driver's License Number: _____ Issue State: _____ Expiration Date: _____

By initialing on the line at the end of this statement, I consent Code 3 Emergency Medical Services LLC. to submit a request for my Pennsylvania Department of Transportation Individual Driving Record.

Position Applying for: (Please Circle one) EMT AEMT

Status Applying for: (Please Circle one) PAID VOLUNTEER

Available Schedule: (Please circle one) Days Nights Weekends Holidays

Preferred Days: (Please circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Pertinent work history:

Employer:		Dates:
Address:		City, State, Zip:
Supervisor:		Phone:
Job Description:	Reason for Leaving:	

May we Contact the above Employer: (Please Circle one) YES NO

Employer:		Dates:
Address:		City, State, Zip:
Supervisor:		Phone:
Job Description:	Reason for Leaving:	

May we Contact the above Employer: (Please Circle one) YES NO

Employer:		Dates:
Address:		City, State, Zip:
Supervisor:		Phone:
Job Description:	Reason for Leaving:	

May we Contact the above Employer: (Please Circle one) YES NO

Education History:

School Name	Course Studied	Diploma/Degree/Certification

Certifications:

Type:	State/Expiration	License Number
EMT/FR/ER (Please Circle One)		
CPR		
EVOC		

If EMT are you a Nationally Registered EMT: (Please Circle One) YES NO

Please answer the following questions completely and accurately to the best of your knowledge:

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had you license revoked or suspended? YES or NO

If yes explain: _____

Have you ever served in the armed forces: YES or NO

In which branch did you serve? _____

If yes, are you currently active: YES NO How Long have or did you serve: _____

Have you ever had your certification suspended or revoked: YES or NO

If yes, please explain: _____ Has it been reinstated: YES or NO

Have you applied for a job with Code 3 EMS before: YES or NO

If yes, when: _____

References: (Please do not use family members and use references of people that can attest to your work history)

Name:	Relation:
Address:	Phone:
City, State, Zip	Years Known

Name:	Relation:
Address:	Phone:
City, State, Zip	Years Known

Name:	Relation:
Address:	Phone:
City, State, Zip	Years Known

I, _____, certify that all the information provided in this application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from acceptance or result in dismissal from Code 3 Emergency Medical Services LLC.

Your signature also implies consent to check your driving record and a criminal history background.

Signature: _____ Date: _____

If under the age of 18 years old, please have the information below completed by a parent or guardian.

Printed Name: _____ Date: _____

Signature: _____

Thank you for your interest in becoming a valued TEAM member of Code 3 EMS.

Please include copies of the following certificates or certifications upon submission:

- **Valid Driver's License**
- **Current Pennsylvania State Police Criminal Background check**
- **Pennsylvania Child Abuse History Clearance**
- **Current First Responder or Emergency Medical Technician Level**
- **Current CPR/AED Card**
- **Certificate of Completion of Blood Borne Pathogens Course**
- **Certificate of Completion of an Emergency Vehicle Operators Course**
- **Certificate of Completion of Epinephrine Auto Injector and Anaphylaxis Course**
- **Certificate of Completion of a Naloxone Administration Course**
- **National Incident Management System (NIMS)**
 - **100**
 - **200**
 - **700**
 - **800**
- **Hazardous Material Awareness Level or Higher**