INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

Read the following paragraph before completing this application.

This application must be completed by the applicant. Any misstatement of fact, omissions or attempt to mislead this agency, if deliberate or in error, may lead to your disqualification. This application must be printed in ink and all information filled in. If any requested data does not apply to you, indicate by entering “N/A”. Do not leave any question blank.

If additional space is required for answers to questions in any section of this application, submit on a separate sheet, attach to application, and note this in the applicable section. Each additional sheet must be signed individually.

Last Name: ______________________ First Name: _________________________ Middle ________________

1. Print out this entire document.

2. Fill out all of the following sections:
   
   I. PERSONAL RECORD
   II. EDUCATION
   III. TRAINING/CERTIFICATION
   IV. EMPLOYMENT HISTORY
   V. MOTOR VEHICLE INFORMATION
   VI. REFERENCES
   VII. RELEASE

3. Return all forms to the following address:

   Hopatcong Ambulance Service, Inc.
   P.O. Box 334
   Hopatcong, NJ 07843

   Or

   Scan and email the application to Recruiting@HopatcongEMS.org
   (You will need to bring any forms with original signatures with you to an interview)

For questions or additional information call the Captain’s Line at: (973) 770-0440 or email contact@HopatcongEMS.org
I. PERSONAL RECORD

Date: ____/____/____

How did you hear about us? ________________________________________________________________

Last Name: ________________________ First Name: _________________________ Middle ______________

Address: ______________________________________________________________________________

How long at present address? ___yrs____mon

If under two years list previous address: _______________________________________________________________________________________________________

Home Phone: (_____)_____-______ Mobile Phone: (_____)_____-______

Email Address: _____________________________________________________________________________

Are you a citizen or an alien authorized to work in the U.S.?   ___ Yes ___ No

Are you over the minimum working age?   ___ Yes ___ No

Have you ever been convicted of a crime?   ___ Yes ___ No

If YES, fill in the following:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Conviction</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>


II. EDUCATION

HIGH SCHOOL:

School Name: _______________________________________   City: ______________________   State: _____
Graduated?   ___ Yes ___ No           Graduation year: _______        Last grade completed: _____

COLLEGE OR UNIVERSITY

School Name: _______________________________________   City: ______________________   State: _____
Graduated?   ___ Yes ___ No           Graduation year: _______        Degree completed ____________________
School Name: _______________________________________   City: ______________________   State: _____
Graduated?   ___ Yes ___ No           Graduation year: _______        Degree completed ____________________
School Name: _______________________________________   City: ______________________   State: _____
Graduated?   ___ Yes ___ No           Graduation year: _______        Degree completed ____________________

SPECIALIZED COURSES AND SCHOOLS

School Name:___________________________________________   City: ______________________   State: _____
Course/Program: ______________________________________  Completion year: ______
School Name:___________________________________________   City: ______________________   State: _____
Course/Program: ______________________________________  Completion year: ______
School Name:___________________________________________   City: ______________________   State: _____
Course/Program: ______________________________________  Completion year: ______

OTHER RELEVANT EDUCATION:

Please list any other accredited institutions you have attended and the programs completed below
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
III. TRAINING/CERTIFICATION

Please indicate if you have completed any of the following:

<table>
<thead>
<tr>
<th>Training/Certification Type</th>
<th>Complete?</th>
<th>Date Completed</th>
<th>Expiration Date (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMT-B (National or NJ certification)</td>
<td>___ Yes ___ No</td>
<td></td>
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<tr>
<td>CPR (Healthcare Provider level)</td>
<td>___ Yes ___ No</td>
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<td>Epi Pen</td>
<td>___ Yes ___ No</td>
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<tr>
<td>Narcan</td>
<td>___ Yes ___ No</td>
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<tr>
<td>HAZMAT Awareness</td>
<td>___ Yes ___ No</td>
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<td>CBRNE</td>
<td>___ Yes ___ No</td>
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<td>Blood borne Pathogens</td>
<td>___ Yes ___ No</td>
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<td>ICS-100</td>
<td>___ Yes ___ No</td>
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<td>ICS-700</td>
<td>___ Yes ___ No</td>
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<td>CEVO</td>
<td>___ Yes ___ No</td>
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<td>BTLS</td>
<td>___ Yes ___ No</td>
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<td>PHTLS</td>
<td>___ Yes ___ No</td>
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<tr>
<td>DDAT</td>
<td>___ Yes ___ No</td>
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</table>

Please include any additional relevant training or certification you may have:

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<tr>
<th>Training/Certification Type</th>
<th>Complete?</th>
<th>Date Completed</th>
<th>Expiration Date (if applicable)</th>
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<td>___ Yes ___ No</td>
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IV. EMPLOYMENT HISTORY

What is your current occupation? ____________________________________________________________

Record your employment history with the most recent employment first. List all places of employment including full time, part time, and per diem.

(1) Employer: _________________________________   Employed from: ____/____/____ to: ____/____/____
Address: __________________________________________________________________________________
Position: _________________________________   Salary: _______________________
Supervisor: _________________________________   Supervisor Phone: (_____)_____-______
May we contact this employer? ___ Yes ___ No
Reason for leaving: __________________________________________________________________________
__________________________________________________________________________________________

(2) Employer: _________________________________   Employed from: ____/____/____ to: ____/____/____
Address: __________________________________________________________________________________
Position: _________________________________   Salary: _______________________
Supervisor: _________________________________   Supervisor Phone: (_____)_____-______
May we contact this employer? ___ Yes ___ No
Reason for leaving: __________________________________________________________________________
__________________________________________________________________________________________

(3) Employer: _________________________________   Employed from: ____/____/____ to: ____/____/____
Address: __________________________________________________________________________________
Position: _________________________________   Salary: _______________________
Supervisor: _________________________________   Supervisor Phone: (_____)_____-______
May we contact this employer? ___ Yes ___ No
Reason for leaving: __________________________________________________________________________
__________________________________________________________________________________________
IV. EMPLOYMENT HISTORY - Continued

(4) Employer: _________________________________  Employed from: ___/___/___ to: ___/___/___
Address: __________________________________________________________________________________
Position: ____________________________________________  Salary: _______________________
Supervisor: ____________________________________  Supervisor Phone: (_____)_____-______
May we contact this employer? ___ Yes ___ No
Reason for leaving: __________________________________________________________________________
__________________________________________________________________________________________

(5) Employer: _________________________________  Employed from: ___/___/___ to: ___/___/___
Address: __________________________________________________________________________________
Position: ____________________________________________  Salary: _______________________
Supervisor: ____________________________________  Supervisor Phone: (_____)_____-______
May we contact this employer? ___ Yes ___ No
Reason for leaving: __________________________________________________________________________
__________________________________________________________________________________________

Have you applied to any other emergency medical service agencies?  ___ Yes ___ No
If YES, list all agency names and dates.
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Have you ever been rejected? ___ Yes ___ No  If YES, please describe circumstances.
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
V. MOTOR VEHICLE INFORMATION

Do you currently hold a valid NJ driver’s license? ___ Yes ___ No

Have you ever had a license from another jurisdiction other than NJ? ___ Yes ___ No

If YES, list jurisdictions and dates:
________________________________________________________________________
from: ___/___/___ to: ___/___/___
________________________________________________________________________
from: ___/___/___ to: ___/___/___
________________________________________________________________________
from: ___/___/___ to: ___/___/___

Has your driving privileges ever been revoked or suspended in any jurisdiction? ___ Yes ___ No

IF YES, please explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Has your vehicle registration ever been revoked or suspended in any jurisdiction? ___ Yes ___ No

IF YES, please explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you ever been involved in a motor vehicle accident either as a registered owner or operator which resulted in any personal injury or property damage to you or anyone else? ___ Yes ___ No

IF YES, please explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
V. MOTOR VEHICLE INFORMATION - Continued

Have you ever been issued a motor vehicle summons? ___ Yes ___ No
IF YES, please state full facts, date(s) and location(s):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Have you ever been convicted of a DWI or DUI? ___ Yes ___ No
IF YES, please state full facts, date(s) and location(s):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Driver’s License Number: _______________________________ State issued: _______
Expiration Date: ____/____/____ Total points currently against driver’s license: _____

Please attach a copy of your driver’s history abstract which you can obtain from the Motor Vehicle
Commission
VI. REFERENCES

Please list at least three references (personal or professional). Please do not use relatives.

(1) Name: __________________________________________________________________________________
Address: ______________________________________________________________________________________
Home Phone: (____)____-______ Mobile Phone: (____)____-______
Occupation: ________________________________________ May we contact this reference? ___ Yes ___ No
Relationship: _______________________________________________________________________________

(2) Name: __________________________________________________________________________________
Address: ______________________________________________________________________________________
Home Phone: (____)____-______ Mobile Phone: (____)____-______
Occupation: ________________________________________ May we contact this reference? ___ Yes ___ No
Relationship: _______________________________________________________________________________

(3) Name: __________________________________________________________________________________
Address: ______________________________________________________________________________________
Home Phone: (____)____-______ Mobile Phone: (____)____-______
Occupation: ________________________________________ May we contact this reference? ___ Yes ___ No
Relationship: _______________________________________________________________________________

(4) Name: __________________________________________________________________________________
Address: ______________________________________________________________________________________
Home Phone: (____)____-______ Mobile Phone: (____)____-______
Occupation: ________________________________________ May we contact this reference? ___ Yes ___ No
Relationship: _______________________________________________________________________________
VII. RELEASE

HOPATCONG AMBULANCE SQUAD, INC.

RELEASE INFORMATION

I, (PRINT NAME)_____________________________________, am making application for appointment to the Hopatcong Ambulance Squad, Inc. As a result, an investigation will be conducted to determine my eligibility. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is of a public, private, or confidential nature.

I, also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution to have control of any documents, records, and other information pertaining to me, to furnish to HAS, the New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS) and/or the Town of Hopatcong any such information, formal or informal, pending or closed, or any other pertinent data, and to permit HAS, New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS) and/or Town of Hopatcong or their representatives to inspect and make copies of such documents, records, and other information.

I, hereby release, discharge, and exonerate HAS, New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS), the Town of Hopatcong, their representatives and any other person(s) so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collecting of such documents, records and any other information or the investigation made by HAS, New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS), and/or the Town of Hopatcong.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this authorization and release will be considered in determining my suitability for employment by Hopatcong Ambulance Squad, Inc.

In the event that my criminal history record or other record is utilized as a basis to reject my employment application, I understand that Hopatcong Ambulance Squad, Inc. will set forth the basis for such rejection to me in writing and afford to me an opportunity to confirm or deny the accuracy of any information contained in the criminal history record or other record. I shall be afforded a reasonable period of time to correct or complete the record prior to a final determination or decision concerning my eligibility for employment.

A photocopy of this authorization and release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the “Authorization & Release.”

Signature: ________________________________ Date: ____/____/____
Address: __________________________________________________________________________________
Home Phone: (____)____-______
VIII. ATTACHMENTS

Copies of the following documents **must** be provided and returned to Hopatcong Ambulance Squad after an official employment offer has been made and accepted by the applicant.

- High School Diploma (A college diploma will suffice in lieu of a high school diploma if applicable)
- College Diploma (if applicable)
- EMT Certificate (National Registry or New Jersey)
- CPR Card (professional certification)
- Driver’s License
- Social Security Card
- Copies of training certifications applicable to this application (those listed in Section III)