



Hopatcong Ambulance Squad

PO Box 334, Hopatcong, NJ 07843

Per Diem EMT Application



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 captain@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 captain@HopatcongEMS.org



Hopatcong Ambulance Squad

PO Box 334, Hopatcong, NJ 07843

Per Diem EMT Application



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:

Date	Location	Conviction



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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



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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: _____



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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.



Hopatcong Ambulance Squad

PO Box 334, Hopatcong, NJ 07843

Per Diem EMT Application



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:



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PO Box 334, Hopatcong, NJ 07843

Per Diem EMT Application



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



Hopatcong Ambulance Squad

PO Box 334, Hopatcong, NJ 07843

Per Diem EMT Application



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: _____



Hopatcong Ambulance Squad

PO Box 334, Hopatcong, NJ 07843

Per Diem EMT Application



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: (____) _____ - _____



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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)