



America Emergency Squad

219 Mill Street

Mount Holly, NJ 08060

Phone: (609) 267-0450 Fax: (609) 267-8690

Employment Application Instructions

1. Fill out the application in its entirety, using blue ink only;
 - a. Please print clearly.
2. Provide copies of pertinent required certifications including:
 - a. EMT Certification
 - b. Valid CPR Card
 - c. Driver's License
3. Sign and date application;
4. Return Application with a Resume (limited to 2 pages) to 219 Mill Street Mount Holly, NJ, 08060.

Hiring process

1. Application submitted;
2. Application reviewed by administrative personnel;
 - a. Not all applicants will receive an interview.
3. Applicant will be notified by phone of date and time of interview;
4. Applicant will be notified of intent to hire.
 - a. Please **do not call** to check status of application.



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Applicant Information	<input type="checkbox"/> Paid Staff	<input type="checkbox"/> Volunteer Staff
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Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Cell Phone: _____ Email: _____

Social Security No.: _____ Desired Hourly Salary: \$ _____

Date Available to Start: _____ Approx. hours of availability per week: _____

Are you available:	Yes	No
Nights	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No		Yes	No
Are you a United States citizen?	<input type="checkbox"/>	<input type="checkbox"/>	If not, are you authorized to work in the US?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	
Have you ever worked for this department?	<input type="checkbox"/>	<input type="checkbox"/>	If so, when? _____

	Yes	No
Have you ever been convicted of a felony or crime?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain: _____

Are you currently on the Office of Inspector General's List of Excluded Individuals/Entities (LEIE)?

☐ Yes ☐ No

*OIG's List of Excluded Individuals/Entities (LEIE) provides information to the healthcare industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal healthcare programs. Individuals and entities who have been reinstated are removed from the LEIE.



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Required Certifications

EMT #: _____ State Issued: _____ Exp. Date: _____ Original Cert. Date: _____

Driver License #: _____ State Issued: _____

Current CPR: ☐ AHA ☐ Red Cross Expiration Date: _____

Education

High School: _____ Address: _____

Yes

No

From: _____ To: _____ Did you graduate? ☐ ☐

College: _____ Address: _____

Yes

No

From: _____ To: _____ Did you graduate? ☐ ☐ Degree: _____

Other: _____ Address: _____

Yes

No

From: _____ To: _____ ☐ ☐ Degree: _____

References

*Please list three **professional** references*

Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



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Previous Employment/Volunteer Work

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

Disclaimer and Applicant Signature

I hereby certify that the information above is correct to the best of my knowledge and understand that falsification of the above information is grounds for refusal to hire or, if hired, dismissal. I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by your department, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by the America Emergency Squad at any time, at the department's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me.

Signature: _____

Date: _____