

Application for Employment BEAVER SPRINGS



AMBULANCE
CO. 10
1015 Center Ave.
P.O. Box 129
Beaver Springs, PA 17812

Print in black ink or type and sign on last page

Name: _____
 Last First Middle

Address: _____
 House # and Street City State Zip

Social Security Number: _____ Date of Birth: _____

Telephone #: _____ Cell #: _____

Email: _____

Do you have the legal right to work in the United States?: _____ No _____ Yes

Have you ever been convicted of a felony?: _____ No _____ Yes

If yes please explain: _____

Have you EVER had the Hepatitis Series Vaccine Injections?: _____ No _____ Yes

Have you EVER been employed or volunteered for another Ambulance Service?:

_____ No _____ Yes

If yes please provide the Name of the Service/s: _____

How many years have you been an EMT?: _____

Approximate number of calls taken in the last year?: _____

Do you have any medical handicaps that preclude you from performing any duties for which you are being considered?: _____ No _____ Yes

If yes, please explain: _____

Do you possess a valid PA Driver's License?: _____ No _____ Yes

If yes, please complete the following:

Type/Class of License: _____ License #: _____

Expiration Date: _____

Have you EVER had your driver's license suspended or revoked?: No Yes

If yes, explain Why/When: _____

Have you EVER had an EVOC course?: No Yes

If yes, Course Name: _____ Date Taken: _____

Do you possess a Hazardous Materials R&I Certificate or Higher?: No Yes

If yes, Course Name: _____ Date Taken: _____

EDUCATION

Do you have a high school diploma?: No Yes

School Name: _____

Address: _____

If No, Do you have a GED certificate?: No Yes

If No, please provide the highest grade completed: _____

List Colleges/Universities Attended and Any Special Training Received

Name/Address	Dates	Subject	Degree or Certificate Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other Valid Licenses and Certifications You Hold

Type of License	Issuing State	Registration Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience

Please list below the last (3) Employer's, starting with the most recent first:

From: **To:** **Employer:**
Job Title: **Telephone # and Address:**
Immediate Supervisor:
Title: **Nature of Work:**
Salary:
Reason for Leaving:

From: **To:** **Employer:**
Job Title: **Telephone # and Address:**
Immediate Supervisor:
Title: **Nature of Work:**
Salary:
Reason for Leaving:

From: **To:** **Employer:**
Job Title: **Telephone # and Address:**
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