



HAMBURG EMS, INC.

**EMPLOYMENT
APPLICATION**

HAMBURG EMERGENCY MEDICAL SERVICES, INC.
HAMBURG, PENNSYLVANIA
EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Name: _____ SSN# _____
Last First MI

Address: _____ City _____ State _____ Zipcode _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Type of Employment: Full Time Part Time Temporary Volunteer

Days Nights Shift Work

Drivers License#: _____ State: _____ Expiration Date: _____

MILITARY:

Branch of Service: _____ Date Discharge: _____ Type of Discharge: _____

Have you ever been convicted of a felony: Yes No

If yes, please explain: _____

Have you ever been employed by Hamburg EMS before?: Yes No

Dates: _____ Position: _____

Do you have any friends or relatives, other than spouse working here? Yes No

If yes, give name and relationship: _____

Are you an American Citizen? Yes No

If you check NO, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.

Will you need accommodations to perform the job functions you are applying for? Yes No

If yes, please specify: _____

List Business, Professional Organizations to which you belong, excluding Labor Organizations and those which by name or Character indicate race, color, religion, sex, age, national origin, handicap or medical condition.

List any Community or Civic activities:

EMERGENCY CONTACT

Name: _____ Hm Phone: _____ Work Phone: _____

Cell Phone: _____

EDUCATION AND TRAINING

High School Degree, College Degree, certification, training, licensing, must be supplied if requested to verify education/

Highest Grade completed (circle one) 1 2 3 4 5 6 7 8
 9 10 11 12 13 14 15 16

High School

Name and Location of School	Dates Attended	Diploma	Major

If you did not graduate from high school, do you possess a certificate of high school equivalence? (circle Yes No

Colleges and Universities

Name and Location of School	Dates Attended	Diploma	Major

Trade Schools (Correspondence, Business, Trades, Vocational, Armed Forces Schools, Etc.)

Name and Location of School	Dates Attended	Diploma	Major

Do you have any of the following certificates of training?

FR	Cert. #:	_____	Expiration Date:	_____
EMT	Cert. #:	_____	Expiration Date:	_____
EMT Instructor	Cert. #:	_____	Expiration Date:	_____
EMT-P	Cert. #:	_____	Expiration Date:	_____
PHRN	Cert. #:	_____	Expiration Date:	_____
RN	Cert. #:	_____	Expiration Date:	_____
EVOC	Cert. #:	_____	Expiration Date:	_____
EVOC Instructor	Cert. #:	_____	Expiration Date:	_____
CPR	Cert. #:	_____	Expiration Date:	_____
CPR Instructor	Cert. #:	_____	Expiration Date:	_____
BTLS	Cert. #:	_____	Expiration Date:	_____
PHTLS	Cert. #:	_____	Expiration Date:	_____
ACLS	Cert. #:	_____	Expiration Date:	_____
PALS	Cert. #:	_____	Expiration Date:	_____
Haz-Mat Awareness	Cert. #:	_____	Expiration Date:	_____
Haz-Mat Operations	Cert. #:	_____	Expiration Date:	_____
AED	Cert. #:	_____	Expiration Date:	_____
Other				

Specify: _____

EMPLOYMENT HISTORY

List below all present and past employers, beginning with your most recent one first.

1. Name and address of company	Start	End	Describe your Duties	Ending Salary	Name of Supervisor
	mo/yr	mo/yr			

Telephone: ()

Reason for Leaving: _____

May we contact your current employer? Yes No

EMPLOYMENT HISTORY

List below all present and past employers, beginning with your most recent one first.

2. Name and address of company	Start	End	Describe your Duties	Ending Salary	Name of Supervisor
	mo/yr	mo/yr			

Telephone: ()

Reason for Leaving: _____

EMPLOYMENT HISTORY

List below all present and past employers, beginning with your most recent one first.

3. Name and address of company	Start	End	Describe your Duties	Ending Salary	Name of Supervisor
	mo/yr	mo/yr			

Telephone: ()

Reason for Leaving: _____

EMPLOYMENT HISTORY

List below all present and past employers, beginning with your most recent one first.

4. Name and address of company	Start	End	Describe your Duties	Ending Salary	Name of Supervisor
	mo/yr	mo/yr			

Telephone: ()

Reason for Leaving: _____

PERSONAL REFERENCES

Name and Occupation	Address	Phone Number	Email Address

RECORD

Have you driven emergency vehicles before? Yes No

If yes, explain nature of driving and type of vehicle: _____

How many years? _____

Have you had any moving violations or accidents in the past three years? Yes No

If yes, please explain: _____

Have you ever had your drivers licenses suspended or revoked? Yes No

If yes, please explain: _____

Have you been convicted for driving under the influence of drugs or alcohol? Yes No

If yes, please explain: _____

As certified on the employment application, I declare that my answers to the questions are true and give Hamburg EMS, Inc. the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained, given through personal interviews with others. I understand that this inquiry may include information as to my character, general reputation, personal characteristics and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to Hamburg EMS, Inc. by schools and other educational institutions that I have attended.

I further understand that the completion of this application does not assure me of a position with Hamburg EMS, Inc. and does not obligate Hamburg EMS, Inc. to me in any way. I further understand that any misrepresentation herein may cause my application to be rejected, my name be removed from the eligible register and/or subject me to dismissal.

I fully understand as part of the employment, I may be required to voluntarily submit to a physical examination and drug screen test required by Hamburg EMS, Inc. I am aware that the results will be made available to the personnel administrator or his/her duly authorized representative. Hamburg EMS, Inc. is committed to be a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

Signature of Applicant

Date