



Warminster Volunteer Ambulance Corps.

555 Evergreen Ave.
 Warminster Pa 18974
 Phone: 215-441-0333
 Fax: 215-674-1499

Application for Employment

Name		Social Security No.	Date of Birth	
Present Address	Apt	City	State	Zip Code
Permanent Address	Apt	City	State	Zip Code
Home Phone ()	Cell Phone ()		Other	
Email Address		Are You at least 18 Years of Age?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Desired

Position applied for: Paramedic or E.M.T		Date you can Start?	Hourly Rate Desired?	
Are you Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S Citizen? If no are you authorized to work in this Country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to this Organization before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?		

Education History

Name and Location of School	Years Attended	Did you Graduate	Subjects Studied
High School			
College			
Trade, Business or Correspondence			

General Information

Subjects of Special Study/Research Work or Special Training:	
U.S. Military or Naval Service:	Rank:

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Do you have a Valid Drivers License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State Issued	Drivers License#
Class of License	Date Issued	Expiration Date	
Have you ever had any moving violations or your license revoked or suspended?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes explain:			
List All Moving Violations (Convictions) and Accidents in last Five Years:			
Have you Ever been convicted, Pled guilty, or no Contest to a Felony or Misdemeanor including DUI/DWI or Similar Offense?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Explain:			

A Conviction will not necessarily disqualify you from employment

Reference

Give at least Three Persons not Related to you, whom you have Known at least One Year

Name	Address	Business	Years Known

Former Employers (List below last 5 places of employment, Starting with Most Current Job)

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Have you Ever Been (Circle One)

Placed on Probation, Disciplined, or Fired for Excessive Absenteeism?	Yes	No
Disciplined or Fired for Excessive Tardiness?	Yes	No
Disciplined or Fired for Insubordination?	Yes	No
Disciplined or Fired for Violation of Safety Rules?	Yes	No
Disciplined or Fired for Assault or Fighting?	Yes	No
Disciplined or Fired for Harassment?	Yes	No
Disciplined or Fired for Patient Abuse?	Yes	No
Disciplined or Fired for Alcohol, or Drug Related Activity at Work?	Yes	No

If you answered yes to any of the Questions above, Please Explain:

Answers of Yes for any of the above Questions WILL NOT necessary Disqualify you from Employment

EMS Certifications and Emergency Background

Driving: Are you currently an Emergency Driver at any other Emergency Service(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes where?	
Paramedics: Do you have Bucks County command Status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when obtained? _____	
If yes where and when obtained?	
Who were your preceptors?- 1	2
List Memberships with any Other Emergency Services that you may belong to: (Ambulance, Fire Dept., Police Dept, Etc.) <input type="checkbox"/> N/A	
Affiliate-1	Telephone Number:
Affiliate-2	Telephone Number:
Affiliate-3	Telephone Number:
Affiliate-4	Telephone Number:

Certification	Cert. Number	Expiration	Date Completed	Institution
Emt/ Medic/ PHRN (circle one)				
PALS/PEPP				
ACLS				
Evoc				
CPR				
Nims 100				
Nims 200				
Nims 700				
Nims 800				

Please Attach Copies of All Applicable Certifications listed and others you may have

Authorization

“ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

If offered a position with Warminster Volunteer Ambulance Corps, and anytime thereafter I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examinations as may be required by the company as a condition of my employment, and I hereby give my consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State Laws.

I also hereby permit the Department of Transportation, State Police, or any other government agency to perform and furnish a copy of my Driver’s Record, Criminal background check, and Child Abuse clearance check or credit history to Warminster Volunteer Ambulance Corp.”

Signature _____ Date _____

Remarks (Employer Use Only)

Interviewed by: _____ Date: _____

Hire Date: _____ Position: _____ Hourly Rate: \$ _____