

Employment Application

Part Time

Full Time

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Position Applied for: _____
YES NO YES NO
Are you a citizen of the United States? If no, are you authorized to work in the U.S.?
YES NO
Have you ever worked for this company? If yes, when? _____

Are you at least 18 years of age with a valid driver's license? YES NO

Have you ever been convicted of a felony including DUI/DWI or similar offense? YES NO

If yes, explain:

Education

High School: _____ City/State: _____
From: _____ To: _____ Did you graduate? YES NO Diploma: _____

EMT/Paramedic: _____ City/State: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College/Other: _____ City/State: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Certification Information

Certification	Certification Number	Expiration/Completion Date
EMT/Paramedic		
National Registry		
CPR		
PALS		
ACLS		
EVOC		
ICS 100		
ICS 200		
ICS 700		
Other		
Other		
Other		

References

Please list three professional references.

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

YES NO

May we contact this person for a reference?

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

YES NO

May we contact this person for a reference?

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

YES

NO

May we contact this person for a reference?

Disclaimer and Signature

I certify that the information I have provided on this application is true, complete, and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the company in any way. Applications will remain active for six months after which time re-application will be necessary. If hired, employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as saliva, blood, or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of current prescription. I further consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examination 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.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from the company.

I hereby authorize the company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my employment with the company may be terminated.

Signature:

Date:

PMREMS considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. PMREMS IS A DRUG-FREE WORKPLACE.

Once the application is completed, please mail it to 135 Tegawitha Road, Tobyhanna, PA 18466 or submit it via email to tfox@pmrems.org along with a cover letter and any copies of applicable certifications and or licenses. A resume is optional, but certainly encouraged.