

**Jeannette E.M.S., Inc.
Application for Employment**

Please print this application and mail it to:

**Operations Manager
Jeannette E.M.S., Inc.
225 S. 6th Street
Jeannette, PA 15644-3417**

Date of Application_____.

Position applying for **EMT** **Paramedic** **Health Care Professional** **Other**

Full Name

Last Name	First Name	M.I.
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Address	Number	Street	City	State	Zip
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IF you did not live at this address for at least 5 years, please provide previous address.

Address	Number	Street	City	State	Zip
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Telephone Number _____

Are you at least 18 years or older? **Yes** **No**

Do you understand that the job that you are applying for will consist of lifting people on stretchers? **Yes** **No**

Are you applying for **Full Time** **Part Time** **Per-diem (fill-in)**

Are you able to fully perform the job that you are applying for? **Yes** **No**

What shifts are you available for? _____

Can you work weekends? **Yes** **No**

Have you ever been convicted of a felony? **Yes** **No If yes, please explain:**

Driver's License # _____ **State Issued** _____

Expiration Date _____ **Do you have EVOC?** **Yes** **No**

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In the last 7 years have you had any driving violations? **Yes** **No**
If yes, please explain:

If you are hired you will be required to take a physical examination, do you agree to this?
Yes No

If you are hired you will be required to take a drug test, do you agree to this?
Yes No

PA Department of Health ID number _____ Expiration date _____

CPR Expiration Date_____

Do you have ACLS? **Yes** **No** **Expiration date** _____

Please list below any other training that you have that would help consider your application for employment.

Please note, this application must have attached to it copies of all certifications that you hold necessary to be considered for employment. Including you drivers license and EVOC certification.

List all previous employers from the most recent to the last.

Employer_____ **Type of business**_____

Address	City	State	Zip	Telephone
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Dates of employment _____ **to** _____ **Position held?** _____

Name of Supervisor_____ **May we contact?** **Yes** **No**

Was employed **Full time** **Part Time** **Reason for Leaving?** _____

Duties performed? _____

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Employer _____ Type of business _____

Address _____ City _____ State _____ Zip _____ Telephone _____

Dates of employment _____ to _____ Position held? _____

Name of Supervisor _____ May we contact? Yes No

Was employed Full time Part Time Reason for Leaving? _____

Duties preformed? _____

Employer _____ Type of business _____

Address _____ City _____ State _____ Zip _____ Telephone _____

Dates of employment _____ to _____ Position held? _____

Name of Supervisor _____ May we contact? Yes No

Was employed Full time Part Time Reason for Leaving? _____

Duties preformed? _____

REFERENCES

List persons that are not related to you and that you have known for at least three (3) years

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS KNOWN

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EMPLOYEE CERTIFICATION

I certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application will result in my discharge.

I authorize you to communicate with all of my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage what so ever resulting from giving such information. I authorized Jeannette E.M.S. to photocopy my signature below along with this statement and send this to any holder of information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined workday or workweek. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

I understand that all equipment issued to me by the Jeannette E.M.S., Inc. is the property of the Jeannette E.M.S. and will be turned in to a designated representative of the organization upon request. I do understand if any equipment issued to me by the Jeannette E.M.S., Inc. is lost, stolen or damaged I am responsible for said equipment.

I understand if employed by the Jeannette E.M.S., Inc. I will receive an employee handbook that I will read and submit to the Operations Manager signed documentation stating that I have received the handbook.

Signature of Applicant

Date

OFFICE USE ONLY

DATE INTERVIEWED _____ **INTERVIEWED BY** _____

**INTERVIEWING COMMITTEE
COMMENTS**

DATE HIRED _____ **STARTING SALARY** _____ **STARTING DATE** _____

DATE DISMISSED _____

REASON _____