

CHAL-BRIT REGIONAL EMS

201 PARK AVE. P.O. BOX 506 CHALFONT, PA 18914-0506 PHONE: 215-822-1308 FAX 215-822-1841

APPLICATION FOR EMPLOYMENT

PRESENT ADDRESS APT CITY STATE ZIP CODE HOME PHONE () EMAIL ADDRESS APT CITY STATE ZIP CODE NEXTLE ID / OTHER APT CITY STATE ZIP CODE HOME PHONE () EMAIL ADDRESS ARE YOU ATLEAST IS YEARS OF AGE? POSITION DATE YOU CAN START HOURLY RATE DESIRED POSITION ARE YOU TO NOT WHEN? POSITION ARE YOU CAN START HOURLY RATE DESIRED NO NAME & LOCATION OF SCHOOL ATTENDED GRADUATE? SUBJECTS STUDIED GRADUATE? SUBJECTS STUDIED GENERAL INFORMATION SUBJECTS OF SPECIAL STUDYRESEARCH WORK OR SPECIAL TRAININGSKILLS:
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WORK OR SPECIAL TRAINING/SKILLS:
U.S. MILITARY OR RANK
NAVAL SERVICE

DO YOU HAVE A VALID I	DRIVER'S LICENSE?	YES	□ NO	STATE ISSUED	DRIVER'S LICENSE	#	
CLASS OF LICENSE	DATE ISSUED	125	EXPIRATION D	ATE			
CLASS OF LICENSE	DATE ISSUED		EXPIRATION D	AIE			
HAVE YOU EVER HAD AN	NY MOVING VIOLATIO	NS, OR HAD YOU	JR LICENSE REVO	KED OR SUSPENDEI	O? YES	□ NO	
IF YES, EXPLAIN:							
LIST ALL MOVING VIOLA	TIONS (CONVICTIONS) AND ACCIDEN	IS IN THE LAST F	IVE YEARS:			
HAVE VOLUEVED DEEN C	ONVICTED DI ED CLUI	TV OP NO CON	TECT TO A FELON	IV OD MICDEMEANO	.p.		
HAVE YOU EVER BEEN C INCLUDING DUI/DWI OR		LIY, OR NO CON	TEST TO A FELON	IY OR MISDEMEANO	YES	☐ NO	
IF YES, EXPLAIN:					1		
	A convicti	on will not nece	essarily disqualij	fy you from employ	ment.		
REFERENCES GIVE B	RELOW THE NAMES OF	THREE DEDSON	IS NOT DEL ATED	TO VOLL WHOM VOL	THAVE KNOWN ATTE	ST ONE VEAD	
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FORMER EMPLOYE	RS (LIST BELOW LAST	Γ FOUR EMPLOY	ERS, STARTING V	/ITH LAST ONE FIRS	T)		
DATE MONTH AND YEAR	NAME & ADD	RESS OF EMPLO	OYER SAL	ARY POSITI	ON SUI	PERVISOR	
FROM							
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HAVE YOU EVER BEEN (CIRCLE ANSWER):						
PLACED ON PROBATION, DISCIPLINED, OR FIRED FOR EXCESSIVE ABSENTEEISM?	YES	NO				
DISCIPLINED OR FIRED FOR EXCESSIVE TARDYNESS?	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 QUESTION ABOVE, PLEASE EXPLAIN:						
ANSWERS OF YES FOR ANY OF THE ABOVE QUESTIONS WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.						

EMS CERTIFICATIONS

CERTIFICATION	CERT. NUMBER	EXPIRATION DATE	DATE OF COMPLETION	INSTITUTION
FR / EMT / EMT-P / PHRN (circle)				
EVOC				

ATTACH COPIES OF ALL APPLICABLE CERTIFICATIONS CARDS (DOH CERT, CPR, ACLS, PALS/APLS, PHTLS, OTHER)

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 and at any time 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 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.

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, child abuse clearance check, or credit history to Chalfont EMS, Inc."

copy of my driver s	record, criminal background check, clinic	abuse clearance check, of credit history to chanont Ewis, in	iC.
DATE	SIGNATURE		
REMARKS (EMPLOYE	ER USE ONLY)		
INTERVIEWED BY		DATE	
HIRE DATE:	POSITION:	HOURLY RATE: \$	