



# CRANBERRY TOWNSHIP

## Emergency Medical Service



### APPLICATION FOR EMPLOYMENT/VOLUNTEER

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
\_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone # where you can be reached or where we can leave a message: \_\_\_\_\_

Are you eligible for employment in the United States?  YES  NO

Have you ever applied with our organization in the past?  YES  NO

Do you have any relatives currently employed within our organization?  YES  NO

If yes, please list name and relationship: \_\_\_\_\_

Have you ever been employed with our organization?  YES  NO

If yes, please give dates: \_\_\_\_\_

<b><input type="checkbox"/> Paid</b>	<b><input type="checkbox"/> Volunteer</b>
Applying for: <input type="checkbox"/> EMT <input type="checkbox"/> Full Time Position <input type="checkbox"/> Paramedic <input type="checkbox"/> Part Time Position	Applying for: <input type="checkbox"/> Clinical <input type="checkbox"/> Administrative

### Vehicle Operator Information

PA Driver License #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

At any time during the past (7) years, have you ever been denied a driver's license or been convicted of a moving traffic offense, including but not limited to, driving under the influence or reckless driving?

YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever had automobile insurance canceled or revoked or have you ever been refused automobile insurance?

YES  NO

If yes, please explain: \_\_\_\_\_

List the name and policy number of your current automobile insurance coverage:

Insurance Company Name	Policy #



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### Civil/Criminal History

Have you ever been arrested or detained by law enforcement personnel?  YES  NO

Have you ever been convicted of or pled guilty or no contest to a felony or misdemeanor?  YES  NO

Have you ever been fingerprinted for any reason?  YES  NO

Have you ever been convicted of domestic violence?  YES  NO

If yes to any, please explain: \_\_\_\_\_

### Educational History:

	School Name	Dates Attended	Graduated?
High School			
College			
Technical			
Other			
Other			

### Training / Certification:

	ID#	Class Location	Expiration Date
EMT-Basic			
EMT-Paramedic			
PHRN			
CPR			
ACLS			
PALS			
BTLS/ITLS/PHTLS			
EVOC			
Other			

### Employment History:

Name of Employer	Phone # of Supervisor	Dates Employed	Reason for Leaving



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Would there be any problem with us contacting your current employer for a job reference?

YES  NO If yes, please explain: \_\_\_\_\_

Please list any other professional or volunteer experience which may add to your qualifications as an employee/volunteer of Cranberry Township Emergency Medical Service:

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Do you have any pre-existing physical conditions that may affect you in the performance of your duties as an employee/volunteer of Cranberry Township Emergency Medical Service? If so, please describe:

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Terms of employment/volunteer status include successful completion of a physical examination, lifting and moving test and drug test. Are you willing to undergo a physical examination, lifting and moving test and drug test to prove you are physically able to perform the tasks of the job for which you have applied?  YES  NO

### References:

(References cannot be relatives and must have known you for a minimum of one year)

Name	Affiliation	Job Title	Phone Number

*I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I grant Cranberry Township Emergency Medical Service permission to verify such answers and investigate all references. I understand that any false statements on this application may be considered significant cause for rejection of this application or for termination if discovered subsequent to my employment/volunteer status. I authorize my former employer(s) and other individuals to give information concerning me and I release them and their companies from any liability whatsoever.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This application is void after a period of six (6) months. If you have not been hired/contacted within that period of time and are still interested in being considered for employment/volunteer status, you must reapply.

### For Cranberry Township Emergency Medical Service USE ONLY:

Interviewed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date Interviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Application Approved:  YES  NO Reason Denied: \_\_\_\_\_

Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_