

E.M.R.S. Inc.

801 Scotch Valley Road
Hollidaysburg Pa 16648
(814) 695-1421

APPLICATION FOR EMPLOYMENT:

(Please Print)

Last Name	First Name	Middle Name	
<hr/>			
Address	City	State	Zip
<hr/>			
Telephone Number(s)	Pager	Social Security Number	
<hr/>			
Position Applied for	Date of Application	Wage Desired	
<hr/>			

What shift(s) are you available? ___Day ___Evenings ___Nights

Have you ever applied here before? ___Yes ___No

Have you ever worked for us before? ___Yes ___No

Are you currently employed? ___Yes ___No

May we contact your present employer? ___Yes ___No

Which would you prefer? ___Full-time ___Casual ___Part-time

Do you believe you would be able to perform the essential functions for the job you are applying? ___Yes ___No

Are you at least 18 years old? ___Yes ___No

On what date would you be available for work? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___Yes ___No

Have you ever been convicted of a Felony? Yes No

Have you ever had your license, permit, or privileges to operate a motor vehicle denied, suspended, or revoked? Yes No

If yes, Give details and dates:

Have you had any traffic convictions within the last 5 years? (Other than parking) Yes No

If yes, please explain: _____

Have you had any vehicle accidents within the last 5 years? (including at-fault and Not at-fault) Yes No

EDUCATION

High School	College	Other
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Level Completed		
9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree

Course of Study

PREVIOUS WORK HISTORY: Start with your current or last employer

Employer	Dates Employed
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Telephone Numbers:	Address:
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Job Title:	Supervisor(s):
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Reason for Leaving:

Work Performed:

Employer:

Dates Employed

Telephone Numbers:

Address:

Job Title:

Supervisor(s):

Reason for Leaving:

Work Performed:

Employer:

Dates Employed

Telephone Numbers:

Address:

Job Title:

Supervisor(s):

Reason for Leaving:

Work Performed:

References:

1. _____ (_____) _____
(Name) (Phone Number)

(Address)

2. _____ (_____) _____
(Name) (Phone Number)

(Address)

3. _____ (_____) _____
(Name) (Phone Number)

(Address)

*** Emergency Medical Resource Services Inc. considers all applicants for all positions, in accordance with Title VII of the Civil Rights Act of 1964, as amended, and the American With Disabilities Act of 1990, and the Age Discrimination in Employment Act of 1967, as amended, which prohibits discrimination in the recruitment, selection, and hiring of employees. EMRS is an equal opportunity employer.**

CERTIFICATIONS/ LICENSES:

R.N./Health Professional _____ Paramedic _____ Emergency Medical Tech _____
1st Responder _____

Certification Number(s): _____ State: _____ Expiration Date: _____

Do you have a PA drivers license: _____ Yes _____ No Expiration Date: _____

Drivers License Number _____

Paramedics/Health Professionals: Are you eligible for medical command: _____ Yes _____ No

Have you ever had limitations or restrictions applied
To your Medical Command Status: _____ Yes _____ No

If Yes, Explain: _____

Do you have: _____ E.V.O.C. _____ PHTLS/BTLS _____ P.A.L.S. _____ A.C.L.S.
_____ C.P.R. _____ Any instructor certifications (list): _____
_____ C.C.E.M.T.P. _____ National Registry

List any additional certifications that are job related or might aid in our decision to hire you.

*******Note:** Copies of certificates must accompany application with expiration dates visible. Copy of Valid PA drivers license must be provided with certificates. Applications will be considered VOID if only application is submitted to management, UNLESS a prior arrangement was made.

I certify that the answers given are true and complete to the best of my knowledge. I hereby release the management and/or designee of EMRS Inc. from any and all liability regarding inquiries made in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in my immediate discharge from employment. I also understand that I am required to abide by all rules, regulations, and Standard Operating Procedures of EMRS Inc.

Signature: _____ Date: _____

