



Stat Care Ambulance Services

288 Kelton Road
West Grove, Pa 19390
(610) 255-5915
(484) 737-1036 fax

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Stat Care Ambulance. This information will not be the only basis for hiring decisions. You are not required to furnish any information that is prohibited by federal, state, or local law. Please print legibly.

Are you under the age of 21? Yes No If so, your age? _____

Last Name First Name Middle

Home Address City State Zip

(_____) _____
Home Telephone # Email Address

(_____) _____
Cell Phone #

For what type of position are you applying? Regular Temporary
 Full Time Part Time

Position desired? _____

Have you ever worked for or applied for a position with Stat Care Ambulance Services? Yes No

How did you become interested in employment with Stat Care Ambulance Services?

Self initiated Staff referral (Staff member _____) Advertisement

Date available for work: _____

Employment History

(Please start with your most recent position and include all regular jobs. Use supplemental sheets, if necessary)

Company _____ Type of business _____

Address: Street City State Zip

Employed from (mm/yy) _____ to (mm/yy) _____ Position _____

Name of Supervisor _____ Reason for leaving _____

Hourly Rate \$ _____



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Education

Name	Address/Location	Period Attended (mm/yy)	Degree/Certification
<i>High School:</i>			
<i>College:</i>			
<i>College:</i>			
<i>Vocational School:</i>			
<i>Other:</i>			

Extracurricular activities, honors, and awards _____

Military Experience

Branch _____ Date entered (mm/yy) _____ Date discharged (mm/yy) _____

Nature of duties _____



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Activities: Please list memberships in professional, civic, or job-relevant organizations. (You may exclude groups that indicate race, color, religion, national origin, disability, or other protected status.)

Emergency Medical Certifications

Are you currently certified in the Commonwealth of Pennsylvania as an operator of an emergency vehicle?

Yes No What is the completion date of your EVOC training (mm/dd/yy) _____

In what jurisdiction was your EVOC certification issued? _____

How many years of emergency vehicle driving experience do you have? _____

Has your EVOC certification been suspended or revoked at any time? Yes No. If Yes, please explain on the reverse side.

Are you currently certified as an Emergency Medical Technician in Pennsylvania? Yes No

What is your current certification level? EMT-B EMT-I EMT-P

ALS providers: Are you eligible for Medical Command in Pennsylvania? Yes No

List any additional states in which you hold a current EMT-B or higher certification:

What is the effective date of your current EMT-B/EMT-P certification? _____

What is your EMT-B/EMT-P certification number? _____

What is the name and address of the organization that conducted your EMT-B/EMT-P training and issued your EMT certification?

How many *active* years of EMT service do you have? _____

****Please attach photocopies of your CPR/AED, First Aid or EMT certification cards.****

List other certification programs you have completed.



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Other

Do you have the legal right to work for any employer in the United States? ___ Yes ___ No

Have you ever been convicted of a crime? ___ Yes ___ No If so, when, where, and what was the disposition of the case. Please provide details on the reverse side.

Have you been cited for traffic violations in the past 5 years? ___ Yes ___ No How many times? _____

Do you currently hold a valid drivers license? ___ Yes ___ No License number? _____ State? ___

References

Name	Relationship	Contact Information

I certify that all of the statements made on this Application are accurate and complete to the best of my knowledge. I have provided the required information about all of my jobs. I understand that any false or misleading statements may result in disqualification from consideration of employment or, if hired, termination and/or legal action.

I authorize Stat Care Ambulance Services to investigate all statements I have made on this Application as may be necessary for reaching an employment decision. Further, I authorize any person or organization named on this Application to give Stat Care Ambulance Services any information required to determine my suitability or qualifications for employment.

I acknowledge that this Application does not constitute an offer or contract of employment with Stat Care Ambulance Services and that no contract, expressed or implied is created should I be employed by Stat Care Ambulance Services. If I am employed, I acknowledge that employment will be at-will and I promise to abide by all rules and policies of Stat Care Ambulance Services.

I acknowledge that further investigation may be required for certain job functions. If Stat Care Ambulance Services determines that further investigation is warranted, I then authorize Stat Care Ambulance Services to check my criminal background, credit worthiness, and driving record.

I authorize Stat Care Ambulance Services to evaluate my fitness-for-duty through a pre-employment and ongoing random drug and alcohol screening program.

Applicant Signature

Date