

**East Pennsboro Ambulance Service, Inc.**

**P.O. Box 47**

**Enola, PA 17025**

## Application for Employment/Observation

Name \_\_\_\_\_  
Last First Middle Date

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # ( ) \_\_\_\_\_ Other Phone # ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ Referred by \_\_\_\_\_

Position(s) applied for  EMT  Non-Emergency Transporter  Office/Clerical  Observe /Ride Along

Type of employment desired  Full-Time  Part-Time  Volunteer

Are you legally eligible for employment in this country?  Yes  No

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

Are you available to work overtime if required?  Yes  No

Have you applied with East Pennsboro Ambulance Service, Inc. before?  Yes  No

Have you been convicted of a crime in the last seven (7) years?  Yes  No

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

CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

### EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE	GRADUATED?		DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

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ADDRESS			
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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$              per	

I certify that all the information I have provided is true, complete and correct.

I authorize East Pennsboro Ambulance Service, Inc. to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

In consideration of my employment, I agree to conform to the company's policies and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. Furthermore, this application does not in any way constitute an agreement or contract for employment.

Other responsibilities pertaining to employment: I understand that I will be subject to a criminal background check, driving background check and a drug/alcohol screening. I am expected to conform to these requests and provide written authorization to the perspective employer to obtain necessary information pertinent to these pre-employment checks. These checks will assist the employer with determining eligibility of employment.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_