



# Point Pleasant – Plumsteadville EMS

5205 Stump Rd.  
PO Box 391  
Plumsteadville, PA 18949-0391  
Phone: (215)766-7285  
Fax: (215)766-1988

**Emergency: Dial 911**

PPPEMS considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

PPPEMS IS A DRUG, ALCOHOL, AND TABACCO/VAPE FREE WORKPLACE

PLEASE PRINT CLEARLY OR FILL OUT AND SAVE DOCUMENT TO EMAIL AS ATTACHMENT

## DEMOGRAPHICS

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle) (Last)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_  
(Name) (Relation) (Phone)

Are you at least 18 years of age? Yes \_\_\_ No \_\_\_ Date available to start: \_\_\_\_\_

Hours requested? Full time \_\_\_ Part time \_\_\_ PRN \_\_\_

How were you referenced to PPPEMS? \_\_\_\_\_

Do you have any relatives/coworkers/friends working/volunteering here? Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

## POSITION INFORMATION

Type of membership applying for: Career \_\_\_ Volunteer \_\_\_

Position applying for: \_\_\_\_\_ Certified years of experience in the 911 system: \_\_\_\_\_

Have you ever worked/volunteered for this organization? Yes \_\_\_ No \_\_\_

If so, date(s): \_\_\_\_\_ Prior position(s) here: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**CERTIFICATION INFORMATION**  
(List only current certifications - photocopies required at interview)

Certification	Cert Number	Date Obtained	Exp. Date	Certifying Agency
CPR				
EMT				
EMT-P				
National Registry				
PALS				
ACLS				
BTLS				
EVOC				
EMSVO				

**WORK REQUIREMENTS  
AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.? Yes\_\_\_ No\_\_\_

Do you have a valid Driver's License? Yes\_\_\_ No\_\_\_ Class:\_\_\_\_\_

State issued? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

List all **driving/moving violations** including convictions, accidents, and any suspensions or revocations of your license in the last five years: Yes\_\_\_ No\_\_\_ If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted, pled guilty, or no contest to a **felony or misdemeanor**, including a **DUI/DWI or similar offense**? Yes\_\_\_ No\_\_\_ If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

***A conviction will not necessarily disqualify you from employment.***

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? Yes\_\_\_ No\_\_\_

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

**EMPLOYMENT HISTORY**

List your last 3 employers or volunteer organizations, starting with most recent.

**I.**

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start date: \_\_\_\_\_ Salary: \_\_\_\_\_ End date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

Employer's phone #: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

Reason for leaving: \_\_\_\_\_

**II.**

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start date: \_\_\_\_\_ Salary: \_\_\_\_\_ End date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

Reason for leaving: \_\_\_\_\_

**III.**

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start date: \_\_\_\_\_ Salary: \_\_\_\_\_ End date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

Employer's phone #: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Explain any gaps in employment: \_\_\_\_\_  
\_\_\_\_\_

**Military Service**

Branch of Service	Date Started	Date End	Rank & Duties	Date Discharged	Location Based

**EDUCATION AND TRAINING**

**HIGH SCHOOL:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Did you graduate? Yes\_\_\_ No\_\_\_ If not, highest grade completed: \_\_\_\_\_ GED? Yes\_\_\_ No\_\_\_

**COLLEGE:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Majored: \_\_\_\_\_ Years completed: \_\_\_\_\_ Degree: Yes\_\_\_ No\_\_\_

**OTHER COLLEGE:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Majored: \_\_\_\_\_ Years completed: \_\_\_\_\_ Degree: Yes\_\_\_ No\_\_\_

**TECHNICAL SCHOOL:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Majored: \_\_\_\_\_ Years completed: \_\_\_\_\_ Degree: Yes\_\_\_ No\_\_\_

**EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment)**

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

**List 2 professionals (NO RELATIVES) who have knowledge of your work experience/education.**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Company/Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

Phone number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Company/Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

Phone number (including area code): \_\_\_\_\_

**List 2 personal references (NO relatives) that have known you for at least three years outside work.**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years known: \_\_\_\_\_ How they know you: \_\_\_\_\_

Phone number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years known: \_\_\_\_\_ How they know you: \_\_\_\_\_

Phone number (including area code): \_\_\_\_\_

**PAST EMPLOYMENT**

Have you ever been?

- |  |                |
|--|----------------|
| Disciplined or terminated for reckless driving?                    | Yes ___ No ___ |
| Placed on probation or terminated for excessive absenteeism?       | 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:

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***Answers of Yes for any of the above questions will not necessarily disqualify you from employment.***

## ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete, and correct. I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate PPPEMS in any way. Applications will remain active for six (6) months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or PPPEMS is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

I hereby authorize PPPEMS to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release PPPEMS and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with PPPEMS may be terminated immediately.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Hire date: \_\_\_\_\_ Position: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_