



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:

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: _____
