

Portage Area Ambulance Association
Authorization for Reference Checks, Criminal History Checks and Drug and Alcohol Testing

I have applied for employment with the Portage Area Ambulance Association. As part of the application process, I understand that Portage Area Ambulance Association will conduct a background and reference check which may include a review of public records, provided regarding my qualifications and suitability for membership, as well as verification of any information that I have provided in this application. As part of this inquiry, I understand that Portage Area Ambulance Association will obtain a report of criminal history information and driver's license history, from applicable law enforcement agencies, or, in some cases, the Federal Bureau of Investigation, and that applicable state law may prohibit the employment of persons convicted of certain crimes. I understand that the application process includes a Drug and Alcohol Test, which may also be conducted at various times throughout my employment.

I hereby give my permission to any of my listed references to release to Portage Area Ambulance Association any information regarding my work and volunteer experience, including, but not limited to performance of expected duties and disciplinary information, to Portage Area Ambulance Association.

I hereby authorize Portage Area Ambulance Association to conduct this background and reference check, as well as a Drug and Alcohol screen as part of the application process, and I release from liability Portage Area Ambulance Association and its representatives for seeking, gathering, and using such information. I also release any individual or entity from any liability whatsoever for providing Portage Area Ambulance Association with any qualifications and suitability for employment, including the former employers and personal references I have identified on the application.

I authorize Portage Area Ambulance Association to send a copy of this authorization to my listed references or anyone else contacted by the Portage Area Ambulance Association to provide information about me.

Date: _____

Printed Name: _____

Signature: _____

Address: _____

Telephone Number: _____

**Portage Area Ambulance Association
Application for Employment**

Portage Area Ambulance Association 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. Portage Area Ambulance Association IS A DRUG-FREE WORKPLACE.

(Please print clearly)

PERSONAL INFORMATION			
Name: (Last) (First) (MI)			Date
Address			
City	State	Zip	
Home Telephone	Other / Mobile Phone		
Email Address			

Are you at least 18 years of age? (Please circle) YES NO Date available to start: _____

Hours Requested (please circle) Full Time Part Time

How did you find out about this position? _____

Do you have any relatives or friends working / volunteering here? (Please circle) YES NO

If Yes, Please list: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever worked / volunteered with this organization? (Please circle) YES NO

If yes, date(s) _____ Prior position(s) here: _____

Reason for leaving: _____

CERTIFICATION INFORMATION (List only current certifications – photocopies required at interview)			
Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
(circle one) EMT / EMTP			
National Registry			
PALS			
ACLS			
BTLS / PHTLS			
EMD			
CDL			
OTHER:			

WORK REQUIREMENTS AND GENERAL INFORMATION

(For all sections, attach additional sheets if necessary)

Can you provide proof, if hired, that you are eligible to work in the United States? (Please Circle) YES NO

Do you have a valid Driver’s License? (Please Circle) YES NO Class(s): _____

Issued by what state? _____ Driver’s License #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: _____

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI / DWI or similar offense, had any moving violations, or had your license revoked or suspended? (Please Circle)

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 programs such as Medicare or Medicaid? (Please Circle) YES NO

If yes, please explain: _____

EMPLOYMENT HISTORY	
(List your last three employers or volunteer activities, starting with the most recent)	
1	
Employer:	
Job Title:	Supervisor:
Start Date:	Initial Salary:
End Date:	Ending Salary:
Job Description (including duties and responsibilities):	
Employer's Telephone #:	May we contact? (please circle): YES NO
Reason for leaving:	
2	
Employer:	
Job Title:	Supervisor:
Start Date:	Initial Salary:
End Date:	Ending Salary:
Job Description (including duties and responsibilities):	
Employer's Telephone #:	May we contact? (please circle): YES NO
Reason for leaving:	

3	
Employer:	
Job Title:	Supervisor:
Start Date:	Initial Salary:
End Date:	Ending Salary:
Job Description (including duties and responsibilities):	
May we contact? (please circle): YES NO	
Reason for leaving:	

MILITARY SERVICE	
Branch of Service:	
Date Began:	Date Ended:
Rank & Duties:	
Date Discharged:	Location:

Explain any gaps in employment: _____

PAST EMPLOYMENT

- Have you ever been? (Please circle)
- | | | |
|--|-----|----|
| 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.

EDUCATION AND TRAINING	
HIGH SCHOOL	
Name:	Address:
Years Completed:	
Did you graduate? YES NO	If not, highest grade completed?
Have you received your GED? YES NO	
COLLEGE	
Name:	Address:
Years Completed:	
Did you graduate? YES NO	If not, highest grade completed?
Degree:	Major:
OTHER COLLEGE	
Name:	Address:
Years Completed:	
Did you graduate? YES NO	If not, highest grade completed?
Degree:	Major:
TECHNICAL SCHOOL	
Name:	Address:
Years Completed:	
Did you graduate? YES NO	If not, highest grade completed?
Certificate:	License:
Expires:	Expires:

OTHER SCHOOL / TRAINING	
Name:	Address:
Years Completed:	
Did you graduate? YES NO	If not, highest grade completed?
Certificate:	License:
Expires:	Expires:
OTHER:	

EMS / FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____

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

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

REFERENCES

List three (3) persons, other than relatives, who have knowledge of your work experience and / or education.

1

Name:

Address:

Occupation:

Years Known:

Telephone Number (including area code):

2

Name:

Address:

Occupation:

Years Known:

Telephone Number (including area code):

3

Name:

Address:

Occupation:

Years Known:

Telephone Number (including area code):

List two (2) personal references that have known you for at least three years outside of work.

1

Name:

Address:

Occupation:

Years Known:

Telephone Number (including area code):

2

Name:

Address:

Occupation:

Years Known:

Telephone Number (including area code):

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered 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 Portage Area Ambulance Association in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or Portage Area Ambulance Association is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or contract of employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Portage Area Ambulance Association as a condition of my employment, and I hereby give my consent to the release of all information which the Portage Area Ambulance Association deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from the Portage Area Ambulance Association.

I hereby authorize the Portage Area Ambulance Association 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 the Portage Area Ambulance Association and all information 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 the Portage Area Ambulance Association may be terminated.

Application Signature: _____ Date: _____

Printed Name: _____



Thank you for your interest in employment with Portage Area Ambulance Association

When completed with the application, please return to:

Portage Area Ambulance Association

P.O. Box 237

655 North Railroad Avenue

Portage, PA 15946

814-736-4358 – phone

814-736-8371 – fax