



Skippack Emergency Medical Services
 4058 Mensch Rd Skippack, PA 19474
 Station Phone (610) 454-9665 Fax (610) 454-9666
www.skippackems.org



Application for Employment as an EMT/Paramedic
 (Print all information, except signature, **legibly** in black ink)

Date of Application: _____

Name: _____

Present Address: _____

City: _____ **State:** _____ **Zip:** _____

How long have you been at your present address? _____

Social Security #: _____ **Telephone Number:** _____

Driver's License #: _____ **Driver's License State:** _____

E-Mail Address: _____

Are you 18 years old or older? Yes No

Have you ever been convicted of any type of traffic violation? Yes No
 If you answered yes, please include an explanation on a separate sheet of paper.

Have you ever been convicted of a misdemeanor or felony crime? Yes No
 If you answered yes, please include an explanation on a separate sheet of paper.

Position applied for: EMT-B EMT-Advanced EMT-Paramedic

Salary Desired: _____

Employment Desired: Part time Only Full time Only Full or Part time

Please list the days/hours you would be available to work:

When are you available to start? _____



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	Name of School	Years Attended	Diploma/Degree
High School			
Business or Trade School			
Undergraduate			
Grad School			

Please list any other education you have received that you feel may better assist our organization.

Please list any volunteer activities in which you currently or previously participate.

Please mark all certifications possessed and include photocopies of all certificates or certification cards. Only mark certifications that are non-expired.

- | | | |
|---|---|--|
| <input type="checkbox"/> EMT-Basic | <input type="checkbox"/> EMT-Advanced | <input type="checkbox"/> EMT-Paramedic |
| <input type="checkbox"/> NREMT-Basic | <input type="checkbox"/> NREMT-Advanced | <input type="checkbox"/> NREMT-Paramedic |
| <input type="checkbox"/> CPR (AHA or ARC) | <input type="checkbox"/> EVOC/EMSVO | <input type="checkbox"/> ICS-100 |
| <input type="checkbox"/> ACLS | <input type="checkbox"/> PALS | <input type="checkbox"/> ICS-200 |
| <input type="checkbox"/> PHTLS | <input type="checkbox"/> BTLS | <input type="checkbox"/> ICS-700 |
| | | <input type="checkbox"/> ICS-800 |



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Please list your work experience for the last three (3) years below, include the most recent first.

Company Name	Phone	Supervisor	Employment Dates	Salary	Reason for leaving

May we contact you previous employers? [] Yes [] No

Have you ever been in the armed forces? [] Yes [] No

Have you ever been in the reserves or National Guard? [] Yes [] No

Please provide two (2) references other than relatives or employers.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Please include with your application a photocopy of all certificates, certification cards, and driver's license.



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PLEASE READ CAREFULLY

Waiver of Liability

In exchange for the consideration of my job application by Skipack Emergency Medical Services (hereinafter called "SKIPPACK EMS"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of SKIPPACK EMS, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /Chief of SKIPPACK EMS. Both the undersigned and SKIPPACK EMS may end the employment relationship at any time, without specified notice or reason. If employed, I understand that SKIPPACK EMS may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give SKIPPACK EMS permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release SKIPPACK EMS from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, SKIPPACK EMS may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, SKIPPACK EMS, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with SKIPPACK EMS shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with SKIPPACK EMS is terminable at will for any reason by either party.

Signature of applicant: _____ Date: _____

SKIPPACK EMS is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with SKIPPACK EMS depends solely on your qualifications.

Thank you for completing this application form and for your interest in SKIPPACK EMS.