



Tri-Boro First Aid Squad

SEASIDE HEIGHTS • SEASIDE PARK • ISLAND BEACH

Headquarters

J STREET, SEASIDE PARK, NEW JERSEY 08752

APPLICANT INFORMATION

First Name	Last Name	Date of Birth	Social Security #
Street Address		Town/City	Zip Code
Home Phone	Mobile Phone	Email Address	
Driver's License Number		State	Expiration

Please circle Yes or No for the following questions. Explain if necessary:

Is your Driver's License currently revoked in this or any state?	Yes	No
Are you 21 years of age or older?	Yes	No
Have you previously filed an employment application with Tri-Boro First Aid?	Yes	No
Have you previously been employed as an EMT?	Yes	No
If Yes, where:		
Will you undergo a pre-employment physical if required?	Yes	No
Have you ever been convicted of a felony?	Yes	No
If Yes, please explain:		

EDUCATIONAL BACKGROUND

Please list three (3) schools attended, starting with the most recent. List the number of years, and the end result - degree/diploma/certification or did not finish.

School	Years	Result

EMPLOYMENT HISTORY

List your last three (3) employers, assignments, or military service starting with the most recent. Explain any gaps in employment in the space provided.

Company/Employer Name	Years	Position
Comments about employment (if necessary):		

CURRENT CERTIFICATIONS EXPIRATIONS

EMT (NJ)	/ /	ID #:	CPR	/ /
Other Certifications:	<input type="checkbox"/> NJ Firefighter Lvl: _____	<input type="checkbox"/> HAZMAT Lvl: _____	<input type="checkbox"/> ICS Lvl: _____	<input type="checkbox"/> NIMS: _____

REFERENCES

List the name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If necessary, list three (3) school or personal references that are not related to you.

Name	Contact Number	Relation

PAST VOLUNTEER/LIFE EXPERIENCE PERTAINING TO POSITION

I hereby authorize the Tri-Boro First Aid Squad to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, education institutions, and references. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the Tri-Boro First Aid Squad can terminate the relationship at will with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identification and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of my employment.

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Applicant Signature

Date

Return completed applications to Triboroemssupervisor402@gmail.com