



## Eastern Area PreHospital Services

### Application for Employment

#### Application form Waiver

In exchange for consideration of my job application by Eastern Area PreHospital Services (hereinafter called "EAPS"), I agree that:

Neither the acceptance of the 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 EAPS practices, shall serve to create an actual or implied contract of employment. It does not confer any right to remain an employee of Eastern Area PreHospital Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the Executive Director or EAPS. Both the undersigned and Eastern Area PreHospital Services may end the employment relationship at any time without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits, policies and such changes may include reduction in benefits.

I authorize investigation in 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 EAPS permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release EAPS from any liability as a result of such contact.

I also understand that (1) EAPS has drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to, and compliance with, such policy is a condition of my employment, and (3) continued employment is based on the successful passing of job-related examinations.

I understand that in connection with the routine processing of the employment application, EAPS 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, EAPS will provide me with additional information concerning the nature and scope of any such report requested by the Fair Credit Reporting Act.

I further understand that my employment with EAPS shall be probationary for period of sixty (60) days, and further, that at any time during the probationary period or thereafter, my employment relation with the EAPS is terminable at will for any reason by either party.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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EAPS is an equal opportunity employment 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 that your opportunity for employment with EAPS depends solely on your qualifications

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### Professional and Personal Information

Please PRINT and complete information.

Position Applied for: \_\_\_\_\_ Certification Level: \_\_\_\_\_

Salary Expected: \$ \_\_\_\_\_ Certification #: \_\_\_\_\_ State: \_\_\_\_\_

Choose all that pertain to your desired employment: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Full Time      Part Time      Full or Part Time      Are you a Preceptor?    YES      NO

Daylight Only      Nights Only      Days or Nights      If YES, where: \_\_\_\_\_

**Personal Information:** \_\_\_\_\_ Place of EMS Training: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

First Name: \_\_\_\_\_ Paramedic Command Facility: \_\_\_\_\_

Middle Name: \_\_\_\_\_ List any ConEd of Certifications completed that would assist you in your duties at EAPS:

Maiden Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Emergency Contact Information:**

### **Education:**

Name: \_\_\_\_\_ High School: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Vo-Tech/Trade School: \_\_\_\_\_

Phone: \_\_\_\_\_

# Eastern Area PreHospital Services

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### Work Experience

Please list your work experience for the past five years beginning with your most recent job held.

1. Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ May we contact your supervisor? YES NO

Reason for leaving (please be specific): \_\_\_\_\_

List the jobs that you held, duties you performed, skills that were used, advancements or promotions while you worked in this position: \_\_\_\_\_  
\_\_\_\_\_

2. Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ May we contact your supervisor? YES NO

Reason for leaving (please be specific): \_\_\_\_\_

List the jobs that you held, duties you performed, skills that were used, advancements or promotions while you worked in this position: \_\_\_\_\_  
\_\_\_\_\_

3. Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ May we contact your supervisor? YES NO

Reason for leaving (please be specific): \_\_\_\_\_

List the jobs that you held, duties you performed, skills that were used, advancements or promotions while you worked in this position: \_\_\_\_\_  
\_\_\_\_\_

**Eastern Area PreHospital Services**

**Application for Employment**

4. Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ May we contact your supervisor? YES NO

Reason for leaving (please be specific): \_\_\_\_\_

List the jobs that you held, duties you performed, skills that were used, advancements or promotions while you worked in this position: \_\_\_\_\_  
\_\_\_\_\_

5. Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ May we contact your supervisor? YES NO

Reason for leaving (please be specific): \_\_\_\_\_

List the jobs that you held, duties you performed, skills that were used, advancements or promotions while you worked in this position: \_\_\_\_\_  
\_\_\_\_\_

Additional Information and References:

Have you ever served in the Armed Forces? YES NO Dates of Service: \_\_\_\_\_

If yes, what branch and are you currently in the reserves? \_\_\_\_\_

Specialty: \_\_\_\_\_

Have you completed an Emergency Vehicle Operations Class (EVOC)? YES NO Expiration Date: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you had accidents in the past three years? YES NO If yes, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? YES NO If yes, how many? \_\_\_\_\_

# Eastern Area PreHospital Services

## Application for Employment

Please list two references other than relatives or previous employers:

Name: _____	Name: _____
Company: _____	Company: _____
Phone: _____	Phone: _____
Address: _____	Address: _____
_____	_____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:

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### Drug Testing Consent

I have applied for employment with Eastern Area PreHospital Services in a position that requires me to operate an Emergency Vehicle or Wheelchair Van. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Eastern Area PreHospital Services for employment.

I hereby authorize any physician, laboratory, hospital or medical profession retained by Eastern Area PreHospital Services to conduct such screening, and to provide the results to Eastern Area PreHospital Services. I release Eastern Area PreHospital services, and any person affiliated with Eastern Area PreHospital Services and any such institution or person conducting the screening, from liability thereof.

Applicant's Signature: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## BACKGROUND INVESTIGATION QUESTIONNAIRE

Please read and answer the following questions **carefully** and **honestly**.

(An answer of YES does not mean you will **NOT** be considered for membership.)

	YES	NO
1. Do you have any criminal history?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a valid Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your Driver's License ever been suspended?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you or have you ever been a convicted Sexual offender?	<input type="checkbox"/>	<input type="checkbox"/>
Have you <b>ever</b> been convicted of any of the following acts below, <b>during your life</b> which it came to the attention of the authorities?		
5. Kidnapping/Child Abuse?	<input type="checkbox"/>	<input type="checkbox"/>
6. Traffic Offense? (i.e. Speeding)	<input type="checkbox"/>	<input type="checkbox"/>
7. Assault or Battery?	<input type="checkbox"/>	<input type="checkbox"/>
8. Homicide?	<input type="checkbox"/>	<input type="checkbox"/>
9. Robbery/Burglary?	<input type="checkbox"/>	<input type="checkbox"/>
10. Arson?	<input type="checkbox"/>	<input type="checkbox"/>
11. Extortion (Blackmail)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Embezzlement (Theft of Money)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Theft (including shoplifting)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Rape?	<input type="checkbox"/>	<input type="checkbox"/>
15. Been convicted of a DUI?	<input type="checkbox"/>	<input type="checkbox"/>
16. A crime not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
17. How many traffic citations have you received in the last 3 years?		
18. Have you ever misused a prescription drug?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever sold any illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been on criminal parole or criminal probation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used or experimented with any of the following ( <b>Even if once</b> )? [If YES please list date (month/year) of Last use.]		
21. Marijuana?	___/___	<input type="checkbox"/>
22. Cocaine?	___/___	<input type="checkbox"/>
23. Heroin?	___/___	<input type="checkbox"/>
24. LSD (acid)?	___/___	<input type="checkbox"/>
25. PCP?	___/___	<input type="checkbox"/>
26. Hallucinogens?	___/___	<input type="checkbox"/>
27. Methamphetamine?	___/___	<input type="checkbox"/>
28. Speed?	___/___	<input type="checkbox"/>
29. Uppers or Downers?	___/___	<input type="checkbox"/>
30. Growth Building Steroids	___/___	<input type="checkbox"/>
31. Ecstasy?	___/___	<input type="checkbox"/>
<b>IF YOU ANSWERED YES TO ANY OF THE FOLLOWING PLEASE EXPLAIN ON THE NEXT PAGE?</b>		

