

FAME EMERGENCY MEDICAL SERVICE,
701 Valley St.
Lewistown, PA 17044
(717) 248-5553

APPLICATION FOR EMPLOYMENT/MEMBERSHIP

Fame Emergency Medical Service ("Fame EMS") considers applications for employment/membership without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, citizenship or any other protected class. Fame EMS IS A DRUG-FREE WORKPLACE.

I am applying for:

_____ Full-Time Employment _____ Part-Time Employment _____ Volunteer Member

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____ Are you at least 18 years of age? YES NO

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Phone: _____

E-Mail Address: _____ Date Available to Start: _____

How did you find out about Fame EMS? _____

Do you have any relatives or friends working/volunteering here? If so, please list: _____

Have you ever worked/volunteered for this organization? YES NO If so, date(s) _____

Prior position(s) here: _____

Reason(s) for leaving: _____

Have you lived in Pennsylvania for at least 10 years? YES NO

Do you believe you would be able to perform the essential functions for the job you are applying for with or without a reasonable accommodation? YES NO

CERTIFICATION INFORMATION
(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/Paramedic (Circle One)			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
EVOC/EMS Vehicle Operator			
Other:			

**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: _____

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?

YES NO

If yes, 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 three employers or volunteer activities, starting with the most recent.)

I. Employer: _____

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: _____

II. Employer: _____

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: _____

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: _____

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: _____

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 terminated for violation of safety rules?	YES	NO
Disciplined or terminated for assault or fighting?	YES	NO
Disciplined or terminated for harassment?	YES	NO
Disciplined or terminated for patient abuse?	YES	NO
Disciplined or terminated for alcohol or drug related activity at work?	YES	NO
Terminated or fired from a job or membership for any other reason?	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 year completed: _____

Degree: _____ Major: _____

OTHER COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Degree: _____

Major: _____

TECHNICAL SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER: _____

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior 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** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

List **two** personal references that have known you for at least three years outside work.

Name: _____ Address: _____

How they know you: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

How they know you: _____

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 as sufficient reason for my discharge if I become a member or employee. I recognize that completion of this application does not mean that I will be accepted as an employee or member and does not obligate Fame EMS to accept me as an employee or member. Applications will remain active for six months, after which time re-application will be necessary. If accepted for employment/membership, I agree to abide by all rules, regulations and policies established by Fame EMS and its officers and other persons in charge. I understand that, if accepted as a member, my membership is voluntary and may be terminated in accordance with the Fame EMS Bylaws, policies, procedures and all applicable laws and regulations. I understand that, if accepted as an employee, my employment will be "at will" and either I or Fame EMS can terminate the employment relationship at any time for any reason or no reason and without prior notice. This application is not an agreement or a contract for employment or membership.

If offered membership or employment and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the duties of employment/membership.

I understand that I may be required to undergo drug screening tests as a condition of employment or membership. 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/membership 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 Fame EMS as a condition of my employment/ membership, and I hereby give my consent to the release of all information which Fame EMS deems necessary to determine my ability to perform employment/membership 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 termination of my employment/membership with Fame EMS.

I hereby authorize Fame EMS to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for employment/membership, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check, and other such inquiries. I release Fame EMS 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/membership with Fame EMS may be terminated.

Applicant's Signature: _____

Date: _____

Printed Name: _____

Signature of Parent or Legal Guardian (if under 18): _____