



**Greater Valley Emergency Medical Services**

904 North Lehigh Avenue  
Sayre, PA 18840-1842  
Phone: (570) 888-0958  
Fax: (570) 888-1219

**APPLICATION FOR EMPLOYMENT**

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

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As an applicant for employment with Greater Valley EMS, I hereby authorize Greater Valley EMS to perform any and all:

- Criminal background checks
- Identity checks
- Sex offender checks
- Driving record checks
- Health and Human Services checks
- Reference checks

through any agency deemed necessary and employed by Greater Valley EMS to perform such checks, and as needed to make an employment decision on my behalf and in accordance with the Fair Credit Reporting Act governing background checks.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### I. Personal Information

Name (full legal): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Do you currently hold a valid driver's license?  Yes -Please provide a copy.  No

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please indicate the position you are applying for:**

Transporter  EMT  Paramedic

Other (please specify): \_\_\_\_\_

Are you interested in  Full time  Per Diem

Other (please specify): \_\_\_\_\_

Available start date: \_\_\_\_\_

Pay anticipated: \$ \_\_\_\_\_

## II. EMS History

Please fill out the following information:

Pennsylvania Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
New York Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
NREMT Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Healthcare Provider CPR (entity): \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
ACLS: \_\_\_\_\_ PALS: \_\_\_\_\_ ITLS: \_\_\_\_\_

Please list any additional certifications you possess that may benefit this organization:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate whether you have the following:

EVOC     EMSVO     FEMA 100     FEMA 200     FEMA 700     FEMA 800

Please provide copies of all listed certifications.

## III. EMS/Emergency Service Experience

Please list all emergency services that you have been affiliated with, the dates of your affiliation, and the name of your supervisor. If you are a paramedic, please list your command physician and status (in lieu of supervisor).

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Organization: \_\_\_\_\_ Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Organization: \_\_\_\_\_ Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## IV. Education

High School: \_\_\_\_\_  
Name of school/Address \_\_\_\_\_ Degree

College: \_\_\_\_\_  
Name of school/Address \_\_\_\_\_ Degree

EMS Training: \_\_\_\_\_  
Name of institute/Address \_\_\_\_\_ Certification

**V. Employment History**

**Please list your three most recent employers (starting with your present or most recent employer).**

- 1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Job Title/Description: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
  
- 2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Job Title/Description: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
  
- 3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Job Title/Description: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**AUTHORIZATION FOR PRIOR EMPLOYER OR REFERENCE TO RELEASE INFORMATION**

I, \_\_\_\_\_, (print name) hereby authorize my prior employers to release any and all information relating to my employment with them to Greater Valley EMS. I further release and hold harmless both my prior employers, references and Greater Valley EMS from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employers or references will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

If employed by a different name, please list: \_\_\_\_\_

**VI. References**

Please list the names, address, and phone numbers of three people who are professional references and whom you have known for at least one year. Please exclude utilizing family members.

1. Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

**VII. Misc. Information**

1. In most cases, you need to be at least 21 years of age or older to drive company vehicles. Do you meet this requirement?  Yes  No

2. Have you ever been convicted of a felony by civil or military authority?  Yes  No  
*This excludes misdemeanors or summary offenses.*

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have your own social media pages?  Yes  No

If yes, please specify: \_\_\_\_\_

4. Has your driving privilege ever been suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

5. Please list any other special training skills that may benefit this organization (i.e. foreign languages, IT, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII. Verification Statement**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed or accepted for membership, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give any and all information concerning my previous employment, any criminal record history including Health & Human Services searches, and any pertinent information they may have, and release all parties from all liability from any damage that may result from furnishing same to Greater Valley EMS, Inc.

I understand and agree that, if hired, my employment or membership is "at will" and for no definite period, may be terminated at any time, regardless of the date of any payment of wages, without prior notice and without cause.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

