

DRIVING RECORD

LICENSE # _____ STATE _____ EXPIRATION ____ / ____ / ____

POINTS AGAINST _____ RESTRICTIONS _____

IS YOUR DRIVING PRIVILEGE NOW SUSPENDED OR REVOKED? **YES / NO**

HAS YOUR DRIVING PRIVILEGE EVER BEEN SUSPENDED OR REVOKED IN ANY STATE? **YES / NO**

HAVE YOU EVER BEEN A DRIVER IN AN MVA? **YES / NO**

HAVE YOU EVER BEEN ISSUED A SUMMONS/TICKET FOR A MOTOR VEHICLE VIOLATION? **YES / NO**

(IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN)

EMPLOYMENT HISTORY

EMPLOYER #1 (MOST RECENT)	DATES	SUPERVISOR
ADDRESS	PHONE (FOR CONTACT AS REFERENCE)	
POSITION	REASON FOR LEAVING	
EMPLOYER #2	DATES	SUPERVISOR
ADDRESS	PHONE (FOR CONTACT AS REFERENCE)	
POSITION	REASON FOR LEAVING	
EMPLOYER #3	DATES	SUPERVISOR
ADDRESS	PHONE (FOR CONTACT AS REFERENCE)	
POSITION	REASON FOR LEAVING	
EMPLOYER #4	DATES	SUPERVISOR
ADDRESS	PHONE (FOR CONTACT AS REFERENCE)	
POSITION	REASON FOR LEAVING	
EMPLOYER #5	DATES	SUPERVISOR
ADDRESS	PHONE (FOR CONTACT AS REFERENCE)	
POSITION	REASON FOR LEAVING	

SOUTH BRUNSWICK EMS MAY CONTACT ANY OF THE ABOVE SUPERVISORS FOR REFERENCES. IF YOU DO NOT WISH FOR ANY OF THE ABOVE SUPERVISORS TO BE CONTACTED, PLEASE DO NOT LIST A PHONE NUMBER FOR THOSE SUPERVISORS.

VOLUNTEER EXPERIENCE/HISTORY

#1 (MOST RECENT)	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION		REASON FOR LEAVING
#2	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION		REASON FOR LEAVING
#3	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION		REASON FOR LEAVING
#4	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION		REASON FOR LEAVING
#5	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION		REASON FOR LEAVING

SOUTH BRUNSWICK EMS WILL CONTACT THE ABOVE SUPERVISORS FOR REFERENCES.

PERSONAL REFERENCES

A REFERENCE FORM SHOULD BE GIVEN TO EACH INDIVIDUAL LISTED BELOW. THESE PEOPLE SHOULD NOT BE RELATED TO YOU, OR A PFARS OFFICER; BUT SHOULD BE ABLE TO COMMENT ON YOUR EDUCATION, WORK EXPERIENCE, COMMUNITY INVOLVEMENT, AND/OR CHARACTER.

NAME	ADDRESS	OCCUPATION/RELATION

GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION, OR IMPRISONED FOR ANY CRIMINAL OFFENSE? IF YES, PLEASE EXPLAIN BELOW.	YES	NO
HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION, PAID OR VOLUNTEER? IF YES, PLEASE EXPLAIN BELOW.	YES	NO
HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF AN EMERGENCY SERVICES AGENCY? IF YES, PLEASE LIST BELOW.	YES	NO
HAVE YOU EVER BEEN DENIED MEMBERSHIP OR EMPLOYMENT IN AN EMERGENCY SERVICES AGENCY? IF YES, PLEASE PROVIDE DETAILS BELOW.	YES	NO
HAVE YOU EVER BEEN INVOLVED IN A DISCIPLINARY ACTION WITH ANY EMERGENCY SERVICES AGENCY? IF YES, PLEASE PROVIDE DETAILS BELOW.	YES	NO

DEPARTMENT OR SQUAD	PHONE	DATES	SUPERVISOR

Space to explain (if needed) for the three questions above:

ABILITY TO PERFORM TASKS

Do you have any physicals conditions or impediments which might, in any way, hinder your ability to perform the tasks of an EMT? _____

If yes, please explain: _____

Have you had any recent or past operations/illnesses or other conditions which might in any way, hinder your ability to perform the tasks of an EMT?

PERSONAL STATEMENTS

Why do you wish to work for the South Brunswick EMS?

What do **YOU** expect to gain if you are hired?

What will **THE SQUAD** gain from having you as an employee?

OTHER INFORMATION

Please list any other information (certifications, areas of expertise, etc.) that you feel is beneficial to your consideration for membership. _____

FURTHER ANSWERS

Please use this space to continue answering any questions in previous sections of the application. Or add your own page if you need more room.

SIGNATURE AND RELEASE

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application and/or in my discharge from South Brunswick EMS.

By signing below, I hereby authorize South Brunswick EMS and its officers or delegates to conduct any background investigations necessary to verify the above information. I understand that any offer of membership is contingent upon successfully passing a medical clearance examination and urine drug screen administered by the Squad's delegate, and by signing below I give my consent for that examination.

I further agree that, if granted employment, I will uphold the rules, regulations, and by-laws of South Brunswick EMS.

SIGNATURE OF APPLICANT, DATE