

## **South Brunswick Emergency Medical Services**

P.O. Box 303 Monmouth Junction, NJ 08852 1-888-842-6060 www.SBEMS.org

## **EMPLOYMENT APPLICATION**

		PERSONA	\L			
NAME	FIRST	MIDDLE	SEX	M/F DOE	3/_	/
ADDRESS						
NUMBER & STREET	(APT#)		CITY	S	TATE Z	ΊΡ
PHONE	WORK/E	OORM	MOBI	ILE	PAGER	
CITIZENSHIP						
How long have you lived at this a						
now long have you lived at this a	dudress?	EDUCATION EDUCATION		e previous au	dress at end or i	OIIII.
HIGH SCHOOL			JIN			
HIGH SCHOOL		TY, STATE	GRADE COM	MPLETED	DATE OF	GRADUATION
COLLEGES OR UNIVERSITIES	ATTENDED	TYPE OF			DATES AT	TENDED
NAME	CITY & STATE	DEGREE	MAJOR	CREDITS	from	to
	TRAINING		TIFICATION	<u> </u>		
	TRAINING	AND CER	HITCATION	<u> </u>		
EMT CERTIFICATIONs	TATE	NUMBER	DATE OF OF	RIGINAL CERTIFICAT	TON EXF	PIRATION
CPR CERTIFICATION						
OTHER FIRST AID TRAINING	ERTIFYING AGENCY / LEVEL		DATE OF OR	RIGINAL CERTIFICAT	ON EXP	RATION
		ITARY SE	RVICE			
BRANCH	DATES	RANK				
TYPE OF DISCHARGE		SERVI	CE NUMBER			
JOB DESCRIPTION AND TRAINING						

		DRIVIN	G RECORD
STAT		TE	EXPIRATION//
IS YOUR DRIVING PRIVILEGE HAS YOUR DRIVING PRIVILEGE HAVE YOU EVER BEEN A DRIV	NOW SUSPENI EE EVER BEEN VER IN AN MVA D A SUMMONS	DED OR F SUSPENI A? <b>YES</b> B/TICKET	DED OR REVOKED IN ANY STATE? YES / NO
		IPLOYM	IENT HISTORY
EMPLOYER #1 (MOST RECENT)	DATES		SUPERVISOR
ADDRESS			PHONE (FOR CONTACT AS REFERENCE)
POSITION		REAS	ON FOR LEAVING
EMPLOYER #2	DATES		SUPERVISOR
ADDRESS			PHONE (FOR CONTACT AS REFERENCE)
POSITION		REAS	ON FOR LEAVING
EMPLOYER #3	DATES		SUPERVISOR
ADDRESS			PHONE (FOR CONTACT AS REFERENCE)
POSITION		REAS	ON FOR LEAVING
EMPLOYER #4	DATES		SUPERVISOR
ADDRESS			PHONE (FOR CONTACT AS REFERENCE)
POSITION		REAS	ON FOR LEAVING
EMPLOYER #5	DATES		SUPERVISOR
ADDRESS			PHONE (FOR CONTACT AS REFERENCE)
POSITION		REAS	ON 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.

	VOLUNTEE	R EXF	PERIENCE/HISTORY				
#1 (MOST RECENT)	DATES		SUPERVISOR				
ADDRESS			PHONE (FOR CONTACT AS REFERENCE)				
POSITION		REASC	REASON FOR LEAVING				
#2	DATES		SUPERVISOR				
ADDRESS			PHONE (FOR CONTACT AS REFERENCE)				
POSITION		REASC	L DN FOR LEAVING				
#3	DATES		SUPERVISOR				
ADDRESS			PHONE (FOR CONTACT AS REFERENCE)				
POSITION		REASC	EASON FOR LEAVING				
#4	DATES		SUPERVISOR				
ADDRESS	1		PHONE (FOR CONTACT AS REFERENCE)				
POSITION		REASC	DN FOR LEAVING				
#5	DATES	-	SUPERVISOR				
ADDRESS	1		PHONE (FOR CONTACT AS REFERENCE)				
POSITION		REASC	ON FOR LEAVING				
		_ =					

SOUTH BRUNSWICK EMS WILL CONTACT THE ABOVE SUPERVISORS FOR REFERENCES.

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		401	<b>4</b> 11	 			7.7.	ES

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 INFOR	MATION				
HAVE YOU EVER BEEN CONVICTED, FI YES, PLEASE EXPLAIN BELOW.			Y CRIMINAL OFFENSE? IF	YES	NO	
HAVE YOU EVER BEEN DISMISSED OR EXPLAIN BELOW.	ASKED TO RESIGN FROM ANY POSIT	ON, PAID OR VOLU	INTEER? IF YES, PLEASE	YES	NO	
HAVE YOU EVER BEEN AN APPLICANT BELOW.	OR MEMBER OF AN EMERGENCY SEF	RVICES AGENCY?	IF YES, PLEASE LIST	YES	NO	
HAVE YOU EVER BEEN DENIED MEMBE PROVIDE DETAILS BELOW.	ERSHIP OR EMPLOYMENT IN AN EMEF	RGENCY SERVICES	AGENCY? IF YES, PLEASE	YES	NO	
HAVE YOU EVER BEEN INVOLVED IN A PLEASE PROVIDE DETAILS BELOW.	DISCIPLINARY ACTION WITH ANY EMERGENCY SERVICES AGENCY? IF YES,					
DEPARTMENT OR SQUAD	PHONE	DATES	SUPERVISOR	۲		
Space to explain (if needed) for th	e three questions above:					
	ABILITY TO PERFO	RM TASKS				
Do you have any physicals conditi an EMT?	ons or impediments which might,	in any way, hind	ler your ability to perform the	ne task	s of	
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 <b>YOU</b> expect to gain if you are hired?
What will <b>THE SQUAD</b> 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