

SOUTH BRUNSWICK EMS

EMPLOYMENT APPLICATION

01 Applicant information

Complete all applicable fields. Use N/A where appropriate. Download this PDF, open it in Adobe Acrobat Reader, fill it out, and save a copy. Follow the submission instructions provided on the South Brunswick EMS website.

Full legal name

Application date

Street address / apartment

City

State

ZIP code

Phone number

Email address

Date of birth (MM/DD/YYYY)

Social Security number (XXX-XX-XXXX)

Position and employment preferences

Position applied for

Earliest available start date

Employment type desired (select all that apply)

☐ Full-time

☐ Per diem

Are you legally authorized to work in the United States?

☐ Yes

☐ No

How did you hear about South Brunswick EMS?

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02 Credentials and availability

Applicant name

Application date

EMS certifications and training

List current credentials. Attach copies as requested by the agency.

EMT / paramedic certification / issuer

Credential number

Expiration date

CPR / BLS certification / issuer

Credential number

Expiration date

Initial EMT certification date

Years of paid EMS experience

Years of volunteer EMS experience

Additional EMS training / rescue skills / relevant experience

Driving and education

Do you hold a current, valid driver's license?

☐ Yes ☐ No

License issuing state

Emergency vehicle driver training / date (if any)

Highest education completed

School / program

Availability

Days / hours available, weekends, nights, holidays, and scheduling limitations

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03 Driving history

Applicant name

Application date

Prior driving infractions, accidents, and DUI / DWI

Select Yes or No for each question and provide details for any Yes response.

Attach an additional sheet if you need more space.

Have you had any prior driving infractions or traffic violations?

☐ Yes ☐ No

If Yes: date(s), violation(s), location(s), and outcome(s)

Have you been involved in any prior motor vehicle accidents?

☐ Yes ☐ No

If Yes: date(s), location(s), circumstances, and outcome(s)

Have you had any prior DUI / DWI charges or convictions?

☐ Yes ☐ No

If Yes: date(s), location(s), charge(s), and disposition / outcome

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04 Employment history

Applicant name

Application date

List your most recent employers first. Include relevant EMS or volunteer experience.
A resume or additional sheet may be attached for more history.

Employer / organization 1

Employer / organization name

Position / title

Start date (MM/YYYY)

End date or Present

Supervisor / contact phone

Key duties

Reason for leaving

Employer / organization 2

Employer / organization name

Position / title

Start date (MM/YYYY)

End date or Present

Supervisor / contact phone

Key duties

Reason for leaving

Employer / organization 3

Employer / organization name

Position / title

Start date (MM/YYYY)

End date or Present

Supervisor / contact phone

Key duties

Reason for leaving

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05 References and acknowledgment

Applicant name

Application date

Professional references

Provide three professional references who can speak to your work or qualifications.

Reference 1 - name

Title / organization / relationship

Phone number

Email address

Reference 2 - name

Title / organization / relationship

Phone number

Email address

Reference 3 - name

Title / organization / relationship

Phone number

Email address

May we contact your current employer?

☐ Yes ☐ No ☐ Not applicable

Applicant acknowledgment

I certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that submitting this application does not guarantee employment. I understand that South Brunswick EMS may verify my listed credentials, employment history, and references as part of its hiring process.

Applicant signature (type full name or sign by hand)

Date

Attach a resume and any requested credential copies. Retain a completed copy for your records.