



Application for Employment

Mont Alto Ambulance Association
603 South Main Street/PO Box 327
Mont Alto, PA 17237
(717) 749-3453

Mont Alto Ambulance Association is an Equal Opportunity Employer and does not discriminate based on age, race, color, creed, religion, sex, national origin, ancestry, or physical or mental handicap. Mont Alto Ambulance Association will reasonably accommodate an individual's disability during both application process and on the job.

Name: _____ Date: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Social Security Number: _____ Date of Birth: _____

Position Desired: _____ Full Time _____ Part-Time _____

Are there any hours that you would not be available to work? Yes _____ No _____

If Yes, please explain: _____

Are you willing to work weekends? Yes _____ No _____ Date you are available to start: _____

Have you ever worked at the Mont Alto Ambulance Association before? Yes _____ No _____

If yes, list dates of employment and reason for leaving: _____

Do you know anyone currently employed at Mont Alto EMS? _____

Citizenship

Are you a citizen of the United States? Yes _____ No _____

Do you have the legal right to work and remain in the United States? Yes _____ No _____

Have you been a resident of the Commonwealth of Pennsylvania for the entire two years (without interruption) immediately preceding the date of this application? Yes _____ No _____

Statement of Health

Do you have any physical impairment which would interfere with your ability to perform the essential functions of the job for which you have applied? Yes _____ No _____

If yes, please explain the impairment(s) and any specific work limitations: _____

Do you have any Allergies? Yes _____ No _____

If yes, please list: _____

Have you had a Hepatitis B vaccination? Yes _____ No _____ If yes, date: _____

Employment History

Beginning with the most recent employment, give a complete record of all employment and reasons for periods of unemployment during the past ten years.

Employer's Name: _____ Salary: _____

Date of Hire _____ TO _____ Position: _____ Supervisor: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Duties: _____

Reason for Leaving: _____

Employer's Name: _____ Salary: _____

Date of Hire _____ TO _____ Position: _____ Supervisor: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Duties: _____

Reason for Leaving: _____

Employer's Name: _____ Salary: _____

Date of Hire _____ TO _____ Position: _____ Supervisor: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Duties: _____

Reason for Leaving: _____

US Military Service

Service Branch: _____ Final Rank: _____

Specialty: _____

Date Entered: _____ Date Discharged: _____

List all related skills or experience: _____

Background Check

In accordance with the Mont Alto Ambulance Association Policy Manual, all candidates for employment that will perform a public service or care for individuals are required to submit a criminal history report, a drug/alcohol test, and a current PA driver's license. The Mont Alto Ambulance Association requires all employment candidates to answer the following questions:

1. Have you ever been convicted of a felony? Yes _____ No _____
2. Have you ever been dismissed from employment due to abuse of clients or residents?
Yes _____ No _____
3. In the last 2 years, have you been convicted of any traffic violations? Yes _____ No _____
4. Have you ever been discharged from a job? Yes _____ No _____

If you answer "yes" to **any** questions above (1-4), please explain: _____

Education and Experience

Name and address of school or institution and highest grade, certification, or degree obtained.

Last Elementary School: _____

High School: _____ Graduation Year: _____

College or University: _____

Degree Obtained: _____ Graduation Year: _____

Technical/Vocational School: _____

Area of Study: _____ Graduation Year: _____

List other experience, training, or membership in any professional organization or group which would have a direct bearing on your qualification for the position you are seeking: _____

Professional Licenses, Registrations and/or Certifications:

Type	State	Date	Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References:

Name	Address	Phone	Years Known
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1. _____
2. _____
3. _____

Affidavit

(Read before signing)

I certify that the answers given by me to the forgoing questions and statements are true and correct without omissions of any kind whatsoever. I understand that the Mont Alto Ambulance Association may terminate my employment due to the falsity of statements, answers or omissions made by me in this questionnaire. I authorize the hospitals, companies, schools or persons named above to give information regarding my employment, together with any other information that they may have regarding whether or not it is in my records. I hereby release said hospitals, companies, schools, or persons from all liability for any damage for this information. I also understand that an offer of employment will be conditioned on the results of a medical examination and a substance abuse screening. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of the Mont Alto Ambulance Association.

Signature: _____ Date _____

Reference Release Information

In connection with my employment application now on file with the Mont Alto Ambulance Association of Pennsylvania, I hereby authorize that you complete its form regarding my employment with you. I specifically request that you also include any adverse information concerning my work experience with you. I hereby release and agree to hold you harmless from any and all liabilities of any kind and nature in connection with your furnishing this information to the Mont Alto Ambulance Association.

Signature: _____ Date _____

Pre-Employment Inquiry Release

In connection with my application for employment with the Mont Alto Ambulance Association, I understand that investigative background inquiries are to be made on myself including criminal, driving, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Furthermore, I understand that the Mont Alto Ambulance Association will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claims involved in the files of insurance companies.

I hereby authorize, without reservation, any party or agency contacted by the Mont Alto Ambulance Association to furnish the above mentioned information.

Print Full Name: _____ Social Security Number: _____

Date of Birth: _____ PA Driver's License Number: _____

Current Address: _____

City, State, Zip Code: _____

Signature: _____ Date _____

For Official Use Only

Efforts to Contact:

Date: _____

Date: _____

Date: _____

Date: _____

Interview Scheduled:

Date _____

Time: _____ am / pm

Employment Offered: Yes _____ No _____

Date of Hire: _____

Position: _____

Full-Time _____

Part-Time _____

President Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____