



CAMBRIA ALLIANCE EMERGENCY MEDICAL SERVICES

725 2nd STREET CRESSON, PA 16630 PHONE (814)886-5641 FAX (814)886-7514

Application

Cambria Alliance EMS considers all applicants for all positions, in accordance with title VII of the Civil Rights Act of 1964, as amended, and the Americans with Disabilities Act of 1990, and the age Discrimination of Employment Act of 1967, which prohibits discrimination in the recruitment, selection and hiring of employees.

Section 1: Personal Information

Name: _____

First

Middle

Last

Social Security Number: _____

Address: _____

Telephone Number: _____

Email Address: _____

Position Applying For: _____

Full Time _____ Part Time _____

Section 2: Background Information

1. Are you authorized to work in the United States? ____ Yes or ____ No. (If you are a resident alien, please give your alien number on your Resident Alien Card (form 1-551) : _____

2. Have you ever applied here before ____ Yes or ____ No.

(If yes when). _____

3. Have you ever been employed here before ____ Yes or ____ No.

(If yes when). _____



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4. Are you at least 18 years of age? Yes No.

5. Do you presently hold a valid Pennsylvania Driver's license? Yes No

If yes, Operators number: _____ Expiration date _____

6. Have you ever been convicted of driving under the influence of alcohol or drugs in this or any other jurisdiction within the past four (4) years? Yes No.

7. Have you had your operator's license suspended by the Bureau of driver Licensing in this or any other jurisdiction within the past two (2) years? Yes No.

8. Have you had any traffic convictions in the last 5 years (Other than parking) Yes No

If yes, please explain:

9. Have you ever been convicted of a felony? Yes No

If yes, please explain:

Section 3: Employment History

Present or most recent employer: _____

Title/Role: _____

Supervisor: _____

Dates Employed: _____ to _____

Address: _____

Phone Number: _____

May we contact? Yes No



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Second most recent employer: _____

Title/Role: _____

Supervisor: _____

Dates Employed: _____ to _____

Address: _____

Phone Number: _____

May we contact? _____ Yes _____ No

Third most recent employer: _____

Title/Role: _____

Supervisor: _____

Dates Employed: _____ to _____

Address: _____

Phone Number: _____

May we contact? _____ Yes _____ No

Did you work under a different name for any of these employers? _____ Yes _____ No

If yes, please identify the employer and name:

Section 4: Emergency Services Background

Please list all emergency service organizations (paid or volunteer) that you have been an employee or member of.



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Please provide the following information for all certifications that apply:

Certification	Number	Expiration Date
Pennsylvania EMT		
Pennsylvania Paramedic		
NREMT/NRP		
Health Care Professional CPR		
ACLS		
PALS		
PHTLS/ITLS		
Other (Please Specify)		
Course	Course Date	
Haz Mat Awareness (Minimum)		
EVOC/EVDT		
NIMS (Circle all that apply)	100, 200, 300, 400, 700, 800	
Vehicle Rescue		

Section 5: References

Professional Reference 1:

Name: _____

Phone Number: _____

Years Known: _____

Relationship: _____

Professional Reference 2:

Name: _____

Phone Number: _____

Years Known: _____

Relationship: _____



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Professional Reference 3:

Name: _____

Phone Number: _____

Years Known: _____

Relationship: _____

Personal Reference 1:

Name: _____

Phone Number: _____

Years Known: _____

Relationship: _____

Personal Reference 2:

Name: _____

Phone Number: _____

Years Known: _____

Relationship: _____



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Section 6: Releases

Please read before signing!

I authorize the Cambria alliance EMS to investigate all statements in this application and to secure any necessary information from all employers and references. I hereby release all of those employers, references and the Cambria Alliance EMS from any and all liability arising from their giving or receiving information about my employment history or qualifications, and my suitability for employment with the Cambria Alliance EMS. I understand that any false or misleading statements will be sufficient cause for rejection of my application if the Cambria Alliance EMS has not employed me. I also authorize the Cambria Alliance EMS to supply information about my employment record, in whole or in part confidence to any prospective employer, government agency or other party having a legal and proper interest, and I hereby release the Cambria Alliance EMS from any and all liability for its providing this information. I understand that nothing in this employment application, in the Cambria Alliance EMS. By-Laws, Policies, Personnel guidelines or in my communications with any representative (s) of the Cambria Alliance EMS is intended to create an employment contract between the Cambria Alliance EMS and me. No promises regarding employment with the Cambria Alliance have been made to me and I understand that no such promise or guarantee is binding upon the Cambria Alliance EMS unless it is made in writing and executed by the President and Secretary of the Cambria Alliance EMS. I understand that if any employment relationship is established, it is terminable at the will and option of either myself or the Cambria Alliance EMS at any time. I hereby acknowledge that if any employment relationship is established, I am fully aware of the confidential nature of such position concerning patients and their personal information. I understand that an obligation exists to the patients to safeguard such information with which I am entrusted, and to release such information only with the authorization of the manager or Board of Directors of the Cambria Alliance EMS. I realize that any breach of the foregoing responsibility would be injurious to the patient of the Cambria Alliance EMS. Accordingly, if any employment relationship is established, I pledge that I will strictly maintain in confidence all patient information which comes to my attention, and, that upon the expiration or termination of my employment with Cambria alliance EMS I will never reveal any such confidential information unless specifically authorized and directed to do so by the Manager of the Board of Directors of the Cambria alliance EMS.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of applicant

Date



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Permission to perform background check for application for employment.

I, _____ (print name) hereby authorize Cambria alliance EMS to perform a check of my background, including;

1. Criminal Record
2. Driving record
3. Child abuse history
4. Personal references
5. Past Employment /Volunteering
6. Educational/Professional status
7. Any other sources appropriate for the position I have applied for.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for employment and that all such information collected during the check will be kept confidential. I hereby extend my permission to Cambria Alliance EMS to give their full and honest evaluation of my suitability for employment.

Signed

Date

Witness signature

Date