VOLUNTEER APPLICATION

All information contained in this application will be kept confidential and is for the use of Suburban EMS only. All applicants, if accepted, will be required to have a physical, and be required to take mandatory OSHA and HIPPA training course at time of orientation. All members are required to meet the guidelines and criteria as defined in the Suburban EMS Handbook, By-laws and Constitution.

A signature is required on this application and Authorization for Reference Checks, Criminal History Checks, Drug and Alcohol Testing, enclosed in this packet in order to be considered for Membership.

Suburban EMS considers applications for membership without regard for race, color, religion, sex national origin, age, disability, veteran status, or any other characteristics protected by law.

Suburban EMS Only

Date Received:	By Whom:	
Date Interviewed:	By Whom:	
Membership Committee:	Recommend	Not Recommended
Membership Vote:	Accept	Not Accepted
Director of Volunteers Signature:		Date:

APPLICATION FOR MEMBERSHIP

Suburban EMS considers applications for membership without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. SUBURBAN EMS IS A DRUG-FREE WORKPLACE.

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: _____-_____-_____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone number: _____ Other number: _____

Are you at least 18 years of age? YES NO Date available to start: _____

How did you find out about Suburban EMS? _____

Do you have any relatives or friends working/ volunteering here? YES NO
If YES please list: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever worked/volunteered for this organization? YES NO
If so, Date(s) _____ Prior position(s) here: _____
Reason for leaving: _____

CERTIFICATION INFORMATION
(List only current certifications- photocopies required at interview)

CERTIFICATION	CERTIFICATION NUMBER	EXPIRATION DATE	CERTIFYING AGENCY
CPR			
EMT/EMT-P (circle one)			
National			

CERTIFICATION	CERTIFICATION NUMBER	EXPIRATION DATE	CERTIFYING AGENCY
Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
Other:			

WORK REQUIREMENTS/ GENERAL INFORAMTION

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License Number: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years:_____
_____

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended for any amount of time? YES NO

If YES, explain: _____
_____

A conviction will not necessarily disqualify you from employment

Have you ever been excluded or are you currently excluded from participating in any federal health programs such as Medicare or Medicaid? YES NO

If YES, explain: _____

EMPLOYMENT HISTORY
(List your last three employers or volunteer activities, starting with the most recent.)

1. Employer:_____

Job Title: _____ Supervisor: _____

Start Date: _____ Starting Salary: _____
End Date: _____ Ending Salary: _____

Job Description:_____
_____

Employer's phone number: _____ May we contact them? YES NO

Reason for leaving: _____

2. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Starting Salary: _____
End Date: _____ Ending Salary: _____

Job Description:_____
_____

Employer's Phone Number: _____ May we contact them? YES NO

Reason for Leaving: _____

3. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Starting Salary: _____
End Date: _____ Ending Salary: _____

Job Description:_____
_____

Employer's Phone Number: _____ May we contact them? YES NO

Reason for Leaving: _____

MILITARY:

Branch of Service	Date Began	Date Ended	Rank & Duties	Date Discharged	Location

Explain any gaps in employment history: _____
_____

PAST EMPLOYMENT

Have you ever been:

Disciplined or terminated for reckless driving?	YES	NO
Placed on probation or terminated for excessive absenteeism?	YES	NO
Disciplined or fired for insubordination?	YES	NO
Disciplined or fired for violation of safety rules?	YES	NO
Disciplined or fired for assault or fighting?	YES	NO
Disciplined or fired for harassment?	YES	NO
Disciplined or fired for patient abuse?	YES	NO
Disciplined or fired for alcohol or drug related activity at work?	YES	NO

If you answered YES to any questions above, please explain: _____
_____
_____

Answers to YES for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____

Years completed: _____ Did you graduate? YES NO

If NO, highest grade completed: _____ Did you receive you GED? YES NO

COLLEGE:

Name: _____ Address: _____

Years completed: _____ Did you graduate? YES NO

Degree:_____ Major: _____
Minor: _____

If NO, how many years completed: ____

OTHER COLLEGE:

Name: _____ Address: _____

Years completed: _____ Did you graduate? YES NO

Degree:_____ Major: _____
Minor: _____

If NO, how many years completed: ____

TECHNICAL SCHOOL:

Name: _____ Address: _____

Years completed: _____ Did you graduate? YES NO

If NO, how many years completed:____

Certificate: _____ License: _____
Expires: _____ Expires: _____

OTHER SCHOOL/ TRAINING:

Name: _____ Address: _____

Years completed: _____ Did you graduate? YES NO

If NO, how many years completed:____

Certificate: _____ License: _____
Expires: _____ Expires: _____

Other:_____
EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____
_____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):
_____

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering you application:
_____

REFERENCES

List **three** people, other than relatives, who have knowledge of your work experience and/ or education background.

Name: _____ Address: _____
Occupation: _____ Phone number: _____
How do they know you? _____ Years known: _____

Name: _____ Address: _____
Occupation: _____ Phone number: _____
How do they know you? _____ Years known: _____

Name: _____ Address: _____
Occupation: _____ Phone number: _____
How do they know you? _____ Years known: _____

List **two** personal references that have known you for at least three years outside of work.

Name: _____ Address: _____
Phone number: _____
How do they know you? _____ Years known: _____

Name: _____ Address: _____
Phone number: _____
How do they know you? _____ Years known: _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate Suburban EMS in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or Suburban EMS is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as many be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will be required proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Suburban EMS as a condition of my employment, and I hereby give my consent to the release of all information which Suburban EMS deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from Suburban EMS.

I hereby authorize Suburban EMS to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with Suburban EMS may be terminated.

Applicant's Signature: _____ Date: _____

Printed Name: _____ Date: _____