

Northern Valley Emergency Medical Services Inc.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. NOVA is an **EQUAL OPPORTUNITY EMPLOYER.**

(PLEASE PRINT OR TYPE)

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	S. S. #
STREET ADDRESS			APARTMENT #
CITY	STATE	ZIP CODE	
HOME PHONE	WORK PHONE - CAN YOU BE REACHED AT WORK?	CELLULAR PHONE #	CELLULAR CARRIER REC. TEXT? Y / N

POSITION(S) APPLIED FOR (select below or explain)	DATE OF APPLICATION	DATE AVAILABLE FOR WORK
FULL TIME PARAMEDIC []	PART TIME PARAMEDIC []	TIME AVAILABLE FOR WORK
FULL TIME E.M.T. []	PART TIME E.M.T. []	DAY EVENING NIGHT <small>CIRCLE ALL THAT APPLY</small>

AVAILABILITY

BEST TIME TO REACH YOU	WEEK DAYS	WEEK ENDS
	DAYTIME	NIGHT TIME
	AT HOME	AT WORK

HAVE YOU APPLIED FOR [] or WORKED FOR [] NORTHERN VALLEY EMS PREVIOUSLY?	YES	NO
ARE YOU CURRENTLY EMPLOYED?		
MAY WE CONTACT YOUR CURRENT EMPLOYER?		
ARE YOU CURRENTLY IN A "LAY-OFF" STATUS AND SUBJECT TO RECALL?		

EMS QUALIFICATIONS - CERTIFICATION

CERTIFICATION	DATE CERTIFIED OR RECERTIFIED	CERTIFICATION # AND EPAEMS # FOR PII'S
E. M. T.		
PARAMEDIC		
HEALTH PROF.		
C. P. R.		
E. V. O. C.		
A. C. L. S.		
P. A. L. S.		
P. H. T. L. S.		
OTHER		

EMS QUALIFICATIONS – IMMUNIZATION

IMMUNIZATION	DATE IMMUNIZED	IMMUNIZATION	DATE IMMUNIZED
HEPTAVAC		OTHER:	
TUBURCOLOSIS			

EMS QUALIFICATIONS – DRIVER

DO YOU CURRENTLY HAVE A CURRENT DRIVERS LICENSE? STATE [] EXP. DATE [] CLASS []		
HAVE YOU BEEN CONVICTED OF A D.U.I OFFENSE IN THE PAST 4 YEARS OR OTHER MOVING VIOLATION IN THE PAST 2 YEARS?		
HAVE YOU BEEN CONVICTED OF ANY OTHER CRIMES? PLEASE EXPLAIN		

EDUCATION & MILITARY SERVICE

LEVEL	SCHOOL / CITY	COURSE OF STUDY	YEARS ATTN.	DEGREE
HIGH SCHOOL				
COLLEGE				
GRADUATE				
OTHER (SPECIFY)				
OTHER (SPECIFY)				
MILITARY SERVICE	BRANCH	TYPE DISCHARGE	YEARS	

WORK EXPERIENCE (From current backwards)

FROM / TO	COMPANY / PHONE	POSITION	REASON FOR LEAVING

PROFESSIOAL AND PERSONAL REFERENCES

PROFESSIONAL – NAME & PHONE	BUSINESS	ADDRESS
PERSONAL – NAME & PHONE	ADDRESS	YEARS KNOWN

APPLICANT CERTIFICATION

I certify that I am capable of performing, with or without accommodation, the activities of an Emergency Medical Technician or Paramedic for which I have applied. I certify that answers given herein are true and complete and understand that if employed, I may be discharged if having given false or misleading information. I also understand that the Commonwealth of Pennsylvania is an "at will employment" state and as such the Employee may resign at any time and the Employer (NOVA) may discharge the Employee at any time with or without cause.

Signature of Applicant:

Date: