Northern Valley Emergency Medical Services, Inc.

EMPLOYMENT APPLICATION

Northern Valley Emergency Medical Services, Inc. (NOVA) is an **Equal Opportunity Employer**. NOVA will recruit, hire, train and promote all persons without regard to race, color, ethnicity/national origin, ancestry, gender, pregnancy, religion, age, physical or mental disability, use of family and medical leave, military status, genetic information, or any other legally protected status.

Please print clearly or type. Completed applications may be mailed to Northern Valley Emergency Medical Services, Inc., 2375 Levans Road, Coplay, PA 18037 or faxed to 610-262-8630.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	EMAIL	DATE OF APPLICATION
STREET ADDRESS			APARTMENT #	
CITY	STATE	ZIP CODE	S.S.#	
HOME PHONE	EMAIL		CELLULAR PHONE	CELLULAR CARRIER	RECEIVE TEXT? Y / N

BEST TIME TO REACH YOU (☑)

☐ WEEKDAYS ☐ WEEKENDS ☐ DAYTIME ☐ NIGHTTIME ☐ AT HOME ☐ AT WORK ☐ CELLULAR PHONE

POSITION(S) APPLYING FOR (☑)	TIME AVAILABLE FOR WORK (☑)
☐ FULL TIME PARAMEDIC ☐ PART TIME PARAMEDIC	☐ 0600 - 1800
	☐ 0800 – 1800
☐ FULL TIME E.M.T. ☐ PART TIME E.M.T.	☐ 1800-0000
	☐ 1800 - 0600

HAVE YOU APPLIED FOR NORTHERN VALLEY EMS, INC. PREVIOUSLY? Y / N   DATE OF PREVIOUS APPLICATION:

EMS QUALIFICATIONS – CERTIFICATION

CERTIFICATION	DATE CERTIFIED OR RECERTIFIED	CERTIFICATION #	
E.M.T.			DO YOU HAVE A CURRENT DRIVER'S LICENSE? Y / N STATE [ ]
PARAMEDIC			EXP. DATE [ ] CLASS [ ]
HEALTH PROF.			HAVE YOU BEEN CONVICTED OF A D.U.I.
C.P.R.			IN THE PAST 4 YEARS OR OTHER MOVING
E.V.O.C.			VIOLATION IN THE PAST 2 YEARS? Y / N
E.M.S.V.O.			PLEASE EXPLAIN
A.C.L.S.			
P.A.L.S.			
P.H.T.L.S.			HAVE YOU BEEN CONVICTED OF ANY
N.I.M.S. 100			OTHER CRIMES? Y / N
N.I.M.S. 700			PLEASE EXPLAIN
OTHER			
OTHER			

EDUCATION & MILITARY SERVICE

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

WORK EXPERIENCE

FROM / TO	CURRENT EMPLOYER(S)	PHONE	POSITION	REASON FOR LEAVING

MAY WE CONTACT YOUR CURRENT EMPLOYER(S)? Y / N

FROM / TO	PAST EMPLOYER(S)	PHONE	POSITION	REASON FOR LEAVING

VOLUNTEER EMS EXPERIENCE

FROM / TO	COMPANY	PHONE	POSITION	REASON FOR LEAVING

PROFESSIONAL AND PERSONAL REFERENCES

PROFESSIONAL – NAME	PHONE	COMPANY NAME	COMPANY ADDRESS	
PERSONAL – NAME	PHONE	ADDRESS		YEARS KNOW

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 understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Northern Valley Emergency Medical Services, Inc. (Employer) to hire me. If I am hired, I understand that the Commonwealth of Pennsylvania is an *"at will employment"* state and as such I may resign at any time and the Employer may discharge me at any time with or without cause. I understand that no representative of the Employer has the authority to make any assurance on the contrary. I attest with my signature below 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 certify that no requested information has been concealed. I authorize the Employer to make investigation of my background, references, character, past employment, education, social media, driving record, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or other information which may be material to my qualifications for employment.

SIGNATURE OF APPLICANT:	DATE: