

SILVER SPRING AMBULANCE AND RESCUE ASSOCIATION (SSARA)
 12 ELEANOR DRIVE
 NEW KINGSTON, PENNSYLVANIA 17072
 operations@silverspringambulance.com
 (717) 697-3131 (717) 697-4614(F)

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

PLEASE PRINT

PERSONAL INFORMATION			
Name:	Last Name, First Name, MI	Date:	
Address:		SSN:	
City:		State:	ZIP:
Phone:		Are you at least 18 years of age?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hours Requested:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Available Start Date:	
How did you find out about this position/Do you have a referral?			
Email Address:			

POSITION INFORMATION	
Position applying for:	
Have you ever been employed here? List dates:	
Reasons for leaving:	

CERTIFICATION INFORMATION (List current certifications – photocopies required at interview)			
Certification	Certification Number	Expiration	Certifying Agency
CPR			
EMT/AEMT/EMT-P			
National Registry			
EMSVO			
ITLS/PHTLS			
NIMS 100, 200, 700, 800			
PA Driver's License			

WORK REQUIREMENTS		
Can you provide proof, if hired, that you are eligible to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid Pennsylvania Driver's License?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Class:
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? <i>A conviction will not necessarily disqualify you from employment.</i>		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, explain:		
Have you ever been excluded, or are you currently excluded from participating in any federal health program such as Medicare or Medicaid?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, explain:		

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

I.

Employer:			
Job Title:		May We Contact?	
Supervisor:		Phone Number:	
Start Date:		Start Salary:	
End Date:		End Salary:	
Reasons for Leaving:			

II.

Employer:			
Job Title:		May We Contact?	
Supervisor:		Phone Number:	
Start Date:		Start Salary:	
End Date:		End Salary:	
Reasons for Leaving:			

III.

Employer:			
Job Title:		May We Contact?	
Supervisor:		Phone Number:	
Start Date:		Start Salary:	
End Date:		End Salary:	
Reasons for Leaving:			

MILITARY					
BRANCH	DATE STARTED	DATE ENDED	RANK & DUTIES	DISCHARGE DATE	LOCATION

Explain any gaps in employment:

Have you ever been:	YES	NO
Disciplined or terminated for reckless driving?		
Placed on probation or terminated for excessive absenteeism?		
Disciplined or fired for insubordination?		
Disciplined or fired for violation of safety rules?		
Disciplined or fired for assault or fighting?		
Disciplined or fired for harassment?		
Disciplined or fired for patient abuse?		
Disciplined or fired for alcohol or drug related activity at work?		
If you answered yes to any questions, please explain;		
<i>Answers of Yes for any of the above questions will not necessarily disqualify you from employment.</i>		

EDUCATION AND TRAINING

High School:		Location:	
Start Date:		End Date:	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, highest year completed:	
Years Completed:		If no, have you received your GED?	YES <input type="checkbox"/> NO <input type="checkbox"/>

College:		Location:	
Start Date:		End Date:	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Major:	
Years Completed:		Degree:	

Other College:		Location:	
Start Date:		End Date:	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Major:	
Years Completed:		Degree:	

Technical School/Other Training:		Location:	
Start Date:		End Date:	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Major:	
Years Completed:		Degree:	

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than prior employment)

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

REFERENCES

List **three** persons, other than relatives or members of your household, who have knowledge of your work experience and/or education.

Name:		Phone:	
Occupation:		Years Known:	
Address:			

Name:		Phone:	
Occupation:		Years Known:	
Address:			

Name:		Phone:	
Occupation:		Years Known:	
Address:			

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

Name:		Phone:	
Occupation:		Years Known:	
Address:			

Name:		Phone:	
Occupation:		Years Known:	
Address:			

ACKNOWLEDGEMENT

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 Silver Spring Ambulance and Rescue Association (herein: "SSARA") 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 SSARA 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 may 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 require 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 SSARA as a condition of my employment, and I hereby give my consent to the release of all information which SSARA 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 this Company.

I hereby authorize SSARA 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 release SSARA and all informants from all liability resulting from 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 SSARA may be terminated.

Applicant's Signature:		Date:	
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Applicant's Printed Name: