SOUTH CENTRAL EMERGENCY MEDICAL SERVICES, INC.

8065 Allentown Boulevard
Harrisburg, PA 17112
(717) 671-4020

Application For Employment

An Equal Opportunity Employer

Our policy is to provide equal employment opportunities to all applicants and employees in all aspects of employment without regard to race, color, religion, sex, age, national origin, ancestry, nationality, creed, marital or domestic partnership or civil union status, affectional or sexual orientation, disability and/or veteran status.

GENERAL INFORMATION

Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use a blank piece of paper if needed. PLEASE PRINT, except for the signature of the applicant. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based on non-job-related information.

Name: _____ SS#: _____ DOB: _____ Date: _____

Present Address: _____ City: _____ State: _____ Zip Code: _____

Phone (H): _____ (C): _____ Are you a U.S. Citizen? _____

Position Appling For: _____ Salary Request: _____ HR / YR

Employment Desired: _____Full-time _____ Part-time E-Mail Address: _____

Have you ever applied to this company before? (Circle one) YES / NO

Have you ever been employed by this company before? (Circle one) YES / NO

Do you have a valid driver's license? (Circle one) YES / NO Class of License _____ State: _____ Lic. No. _____

Have you ever been convicted of a crime (excluding traffic tickets)? (Circle one) YES / NO
If YES, provide an explanation: _____

_____

(A "YES" does not necessarily disqualify you from employment. The nature and date of said crime will be considered).

Are you now or do you expect to be engaged in any other business or employment? (Circle one) YES / NO
If YES, provide an explanation: _____

_____

EDUCATION (List Name and Address of Schools)

High School or GED: _____

Years Completed: _____ Diploma/Degree: _____ Course of Study: _____

College or University: _____

Years Completed: _____ Diploma/Degree: _____ Course of Study: _____

Vocational/Technical :_____

Years Completed: _____ Diploma/Degree: _____ Course of Study: _____

EMPLOYMENT HISTORY (Please list chronologically starting with the most recent employer)

Employer Name and Address:

_____

Dates Employed
From: _____ To: _____ Position: _____ Salary: _____

Responsibilities/Duties: _____

_____

_____

……

Employer Name and Address:

_____

Dates Employed
From: _____ To: _____ Position: _____ Salary: _____

Responsibilities/Duties: _____

_____

_____

……

Employer Name and Address:

_____

Dates Employed
From: _____ To: _____ Position: _____ Salary: _____

Responsibilities/Duties: _____

_____

_____

……

REFERENCES

Name: _____ Address:_____

Phone: _____ Relation: _____ Years Known: _____

……

Name: _____ Address:_____

Phone: _____ Relation: _____ Years Known: _____

……

Name: _____ Address:_____

Phone: _____ Relation: _____ Years Known: _____

CERTIFICATION/LICENSES
(Attach ALL certifications listed below to this application)

Application will not be processed until all certifications are received

Certifications: **Background:**

Type:	Cert. Date:	Exp. Date:		Background Checks:	Cert. Date:	Exp. Date:
Paramedic				Criminal		
EMT				Child Abuse		
HCP/CPR				FBI		
ACLS						
PALS						
EVOC						

Any additional skills or training do you have that are related to the job that you are applying for?

_____

_____

_____

Please list any additional comments or information about yourself which may be of interest in determining your qualification for employment with our organization:

_____

_____

AUTHORIZATION

I authorize the investigation of any or all statements contained in this application and authorize an person, school, current employer (except as noted), past employer and organizations named in this application to provide relevant information and opinions that may be helpful in making a hiring decision. I release such persons and organization from any and all legal liability in making such statements.

I authorize the investigation of all statements contained in the application including criminal and driver's license record. I understand that failure to maintain certification(s) or license(s) as mandated by the PA Department of Health, Emergency Health Services Federation, South Central EMS and/or it medical director my employment may be terminated.

I understand that my employment with South Central EMS is at will and may be terminated by the applicant or South Central EMS at any time for any reason with or without cause.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. I understand that I have a right to make a written request within a reasonable amount of time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature of the investigation.

I understand that if I am extended an offer of employment it is conditioned upon my successfully passing of a complete pre-employment physical examination, drug test, criminal background investigation, reference check and/or any another background check as required by the Emergency Health Services Federation or the Pennsylvania Bureau of Emergency Medical Services. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to function and operate in the position for which I am applying for.

I certify that all information provided in this employment application are true, accurate and complete to the best of my knowledge. I understand that any false information and/or omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

Signature: _____ Date: _____

This application for employment will remain active for a period of 6 months

Updated: 9-16-15 jqc

EEO: EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

Name: _____

Job Title/Position Applying For: _____

GENDER:

(Please check one of the options below)

_____ Male

_____ Female

RACE/ETHNICITY:
(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ **Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

Date completed: _____

PLEASE RETURN FORM TO THE ADMINISTRATIVE OFFICE

Thank you for your participation.