

APPLICATION FOR STAFF EMPLOYMENT

Name _____ Date _____
Address _____ Phone _____
_____ Cell _____
Position Desired _____ Available Date _____
Have you ever applied to ACS before? _____

EDUCATIONAL BACKGROUND

High School Attended _____ Did you Graduate? _____
Technical School _____ Certificate Earned _____
College Attended _____ Concentration _____
Degree Earned _____

EMS TRAINING PROGRAM

ATTENDED: _____

EMS CERTIFICATION _____

PA STATE NUMBER _____ EXPIRATION DATE _____

Do you have National Registry? _____ Registry Number _____

ADDITIONAL EMS CERTIFICATIONS

HCP CPR _____ EXPIRATION _____

ACLS _____ EXPIRATION _____

PALS _____ EXPIRATION _____

BTLS _____ EXPIRATION _____

PHTLS _____ EXPIRATION _____

EVDT _____ DATE TAKEN _____ WHICH COURSE _____

PLEASE PROVIDE COPIES OF ALL CERTIFICATIONS

EMPLOYMENT HISTORY

Are you currently employed? _____ May we contact your current employer? _____

PLEASE LIST EMPLOYMENT HISTORY FROM MOST RECENT TO PAST:

1. Employer _____ Address _____ Phone Number _____

Dates Employed _____ TO _____ Job Description _____

2. Employer _____ Address _____ Phone Number _____

Dates Employed _____ TO _____ Job Description _____

3. Employer _____ Address _____ Phone Number _____

Dates Employed _____ TO _____ Job Description _____

Are you at least nineteen years of age _____ Date of Birth _____

Do you have a current PA drivers license _____ Is it free of suspension _____

Have you ever had your EMS certification suspended by the DOH? _____

If yes, explain _____

Have you been convicted of a misdemeanor in the past five years? _____

Have you ever been convicted of a felony? _____

PERSONAL REFERENCES

Please list three references not related to you:

Name	Occupation	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This application will remain on file for One Year.

PLEASE ATTACH A COPY OF ALL CERTIFICATIONS WITH THIS APPLICATION AND RETURN TO:

Ambulance & Chair Service

75 Braden Street

Washington, PA 15301
