

Name of Applicant: _____ **Date:** _____
(Print Name)

Lancaster EMS – Application / Interview Checklist

This checklist must be **complete** at the time of the interview in consideration of the applicant's possible employment by Lancaster EMS. Please place a "N/A" in all spaces that do not apply to the position for which you are applying. *Completion of this Checklist does not guarantee an interview or employment offer.*

Required Items: (Items needed for application/interview consideration) Applications will not be processed if not submitted or if incomplete.

- _____ Lancaster EMS Application (completed online or hard delivered via mail or personally).
- _____ Updated Resume and (optional) Cover Letter
- _____ Copy of High School Diploma or General Education Development Certificate (GED)
- _____ Copy of Trade School or College Diploma(s)
- _____ Copy of Current PA Driver's License
- _____ Copy of Current PA State Certification(s) appropriate for position applied.
- _____ Copy of National Registry Certification (if applicable)
- _____ Copy of Healthcare Provider CPR Card
- _____ Copy of EVOC Certificate
- _____ Copy of Hazardous Materials Operations Certificate (Meeting OSHA 29 CFR 1910.120)

The following items are required for all ALS candidates:

- _____ Copy of Current ACLS Card (Advanced Cardiac Life Support)
- _____ Copy of Current PALS Card (Pediatric Advanced Life Support)
- _____ Letter of Recommendation from current, or former, medical director familiar with your work history and clinical performance

Optional Items:

- _____ Copy of Current BTLS/PHTLS Certification
- _____ Copies of any other Pertinent EMS Certifications

Upon receipt of the required items you may be contacted to schedule an interview and pre-employment competency testing consisting of skills and written examinations relevant to the position in which you are applying.

If US mailing, please address any written correspondence to:

**Lancaster EMS
1829 Lincoln Highway East
Lancaster, PA 17602
Attention: Human Resources**

For Office Use Only:

Received Completed Application on: _____	Signature: _____
Data Entered Into System on: _____	By: _____
Forwarded to Recruitment Officer on: _____	By: _____



Employment Application

Lancaster EMS is a Nationally Accredited equal opportunity employer. No questions on this application are asked for the purpose of limiting or excluding any applicant's consideration for employment because of race, color, religion, age, sex, national origin, disability, or any other characteristics protected by federal or state laws.

Personal Information:

Last Name First Name M.I. Maiden Name(s) / Aliases

Current Address City State Zip Code

Social Security Number Drivers' License Number/State E-mail Address

Primary Phone Number Secondary Phone Number

Position Applying For: *(check all that apply)*

ALS BLS Wheel Chair Van Attendant Call-Taker/Dispatcher

Business Office Other *(please list)*: _____

Full Time Regular Part Time Flex Pool

Are you 19 years of age or older? Yes No

Are you legally allowed to work in the United States? Yes No

Are you able to work *(check all that may apply)*: Days Evenings Nights

Weekends 12-Hour Shifts Rotating Shifts Overtime: Holidays

Have you ever been convicted of a felony or criminal misdemeanor? Yes No

If 'Yes', please explain: _____

Note: A past conviction does not automatically exclude an applicant from being considered for employment.

Have you ever been employed by Lancaster EMS? Yes No

If 'Yes,' provide reason(s) for leaving: _____

Employment History:

Please list all employers beginning with the most recent. Please provide as much detail as possible; and account for any periods of unemployment longer than three months. Attach additional pages (or use back) as necessary to account for at least the past five years of employment history.

1. _____ From: _____ To: _____
Name of Employer Dates of Employment

Street Address City State Zip Code
()

Phone Number Name of Contact Person

Position Held Pay Rate Reason for Leaving

2. _____ From: _____ To: _____
Name of Employer Dates of Employment

Street Address City State Zip Code
()

Phone Number Name of Contact Person

Position Held Pay Rate Reason for Leaving

3. _____ From: _____ To: _____
Name of Employer Dates of Employment

Street Address City State Zip Code
()

Phone Number Name of Contact Person

Position Held Pay Rate Reason for Leaving

Emergency Services History:

Please list any additional emergency services agencies with which you have been affiliated. This should include volunteer and paid/career positions not listed on the previous page. Be sure to provide as much detail as possible regarding contact information for these agencies (complete mailing address and phone numbers). Attach additional pages if necessary or use back.

1. _____ From: _____ To: _____
Name of Organization Dates of Affiliation/Employment

Street Address City State Zip Code
()

Phone Number Name of Contact Person

Position Held Pay Rate Reason for Leaving

2. _____ From: _____ To: _____
Name of Organization Dates of Affiliation/Employment

Street Address City State Zip Code
()

Phone Number Name of Contact Person

Position Held Pay Rate Reason for Leaving

3. _____ From: _____ To: _____
Name of Organization Dates of Affiliation/Employment

Street Address City State Zip Code
()

Phone Number Name of Contact Person

Position Held Pay Rate Reason for Leaving

Professional References:

Please list at least three professional references not related to you. Be sure to provide complete addresses and phone numbers.

1. _____
Name

Street Address	City	State	Zip Code
()			

Phone Number

2. _____
Name

Street Address	City	State	Zip Code
()			

Phone Number

3. _____
Name

Street Address	City	State	Zip Code
()			

Phone Number

Have you ever been discharged, asked to resign, or resigned to avoid discharge from any position? Yes ___ No ___

If yes, please explain: _____

Current level of certification: ALS ___ BLS ___ Certification #: _____

Month and year you began to function at your current level: _____

With what organization? _____



Please Read Very Carefully Before Signing

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

I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (unless otherwise indicated below), past employer, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if an offer of employment is extended, it will be contingent upon me successfully passing a pre-placement physical examination, including a urine drug screen, to determine my ability to perform the essential functions of the position for which I have applied. I consent to the release of any or all medical information as may be deemed necessary to make this judgment. I understand that I must complete all required prerequisites; including a pre-hire written and clinical exam before being offered a clinical position with Lancaster EMS.

I further understand that any offer of employment will also be contingent upon the results of a Pennsylvania State Police Criminal Background Check, a Child Abuse History Clearance and a review of my Motor Vehicle Record (separate forms will be utilized to obtain consent for these requests).

I understand that neither this application, any segment of the hiring process nor any subsequent offer of employment will constitute a contract of employment nor guarantee employment for any definite period of time. If hired, I understand that Lancaster EMS maintains a policy of "Employment at Will" and that continued employment is based upon the mutual consent of employer and employee. Likewise, said employment may be terminated at any time by either the employer or the employee with or without notice.

My signature attests that I have read, understand, and agree to each of the above statements and conditions.

Signature of Applicant

Date Signed

May we contact your current employer? Yes ___ No ___ I am not currently employed ___