



1012 7<sup>TH</sup> Avenue Altoona, PA 16602

Phone (814) 943-8993 Fax (814) 943-7199

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

NAME: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Application is ONLY valid for 120 days.  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: ( ) ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Home Cellular/Other

Referral Source (How did you hear about us?) \_\_\_\_\_

### POSITION(s) applied for:

**AMBULANCE DIVISION:**

- Paramedic  AEMT  EMT  PHRN

**ADMINISTRATIVE DIVISION:**

- Billing Specialist

**PARATRANSIT DIVISION:**

- EMT  Transportation Specialist  Dispatcher

Date available for work: \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Educational Co-Op

If you are under 18 can you furnish a work permit? .....  Yes  No  
If **no**, please explain: \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No  
If **yes**, give dates and positions: \_\_\_\_\_

Is this application a request for employment following an extended military leave of absence from this company?.....  Yes  No

Are you legally eligible for employment in this country? .....  Yes  No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?  
**This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.**  
 Yes  No  Need more information about the job's "essential functions" to respond

**Answering "yes" to either part of the following two questions does not constitute an automatic bar from employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, nature of the accident and position applied for will be taken into account.**

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime?.....  Yes  No  
If **yes**, please provide date(s) and details: \_\_\_\_\_

Have you been issued any traffic citations or operating a vehicle involved in a crash in the past three (3) years?.....  Yes  No  
If **yes**, explain: \_\_\_\_\_

A valid driver's license number is required for Ambulance and Paratransit Division employment:  
Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

**Skills and Qualifications:**

Summarize any special training, skills licenses and/or certificates that may assist you in performing the position for which you are applying.

**Skills (Check appropriate boxes. Include certification numbers, certification dates, software titles and years of experience.)**

- Paramedic \_\_\_\_\_  AEMT \_\_\_\_\_  EMT \_\_\_\_\_  PHRN/PHPA/PHP \_\_\_\_\_
- CPR \_\_\_\_\_  ACLS \_\_\_\_\_  PALS \_\_\_\_\_  ITLS/PHTLS \_\_\_\_\_
- Neonatal Resuscitation \_\_\_\_\_  Advanced Stroke \_\_\_\_\_  PALS \_\_\_\_\_
- PA Emergency Vehicle Operator Certification \_\_\_\_\_  Emergency Vehicle Operator Course \_\_\_\_\_
- Patient Care Reporting System \_\_\_\_\_  Word Processing \_\_\_\_\_  Spreadsheet \_\_\_\_\_
- Billing Software \_\_\_\_\_  Other \_\_\_\_\_

**Educational Background:**

Starting with your most recent school attended provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		

**Employment History:**

Starting with your most recent employer provide the following information.

**Employer:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_ to \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

City State

**Job Title:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_

May we contact for reference:  Yes  No If no, please explain: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize work performed and job responsibilities: \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_ to \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

City State

**Job Title:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_

May we contact for reference:  Yes  No If no, please explain: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize work performed and job responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_  
City State

Job Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

May we contact for reference:  Yes  No If no, please explain: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize work performed and job responsibilities: \_\_\_\_\_

**References:**

List three business / work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are NOT related to you.

Name	Title	Relationship To You	Telephone	Email	# of Years Known

**Applicant Statement:**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration of employment on any basis prohibited by applicable local, state or federal law. **I understand that this application remains current for only 120 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.** If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I understand that if I am blind, my employment will be subject to a probationary period, which ordinarily will not exceed 180 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any employment benefits that may be paid to me for work I performed during the probationary period. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. **This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for the employment for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.** I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all items of the foregoing Applicant Statement

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date