



Driver Number \_\_\_\_\_

Name \_\_\_\_\_

## BEDFORD AREA AMBULANCE SERVICE Inc.

### APPLICATION For EMPLOYMENT/ATTENDANT/DRIVER

P.O. Box 625  
130 W. Vondersmith Ave  
Bedford, PA 15522

(814) 623-6534

Revised 6-01-07/3-20-09 / 4-30-13 / 6-25 2013

**Official Use Only:**

Date Application received: \_\_\_\_\_ Date Approved for Employment \_\_\_\_\_  
Date approval letter sent to Applicant \_\_\_\_\_

**Attachments:**

Criminal Back ground checks: National \_\_\_\_ State \_\_\_\_ Child Abuse Clearance Check \_\_\_\_ Driving History Check \_\_\_\_  
Copy of EMS Certificate \_\_\_\_\_ Copy of EVOC Certificate \_\_\_\_\_ Copy of PA Operator's License \_\_\_\_\_  
Copy of CPR Card \_\_\_\_\_ Copy of Social Security Card \_\_\_\_\_

**BEDFORD AREA AMBULANCE  
APPLICATION FOR EMPLOYMENT  
ATTENTION ALL APPLICANTS:**

All applicants **MUST** submit a copy of a recent, (less than 1 year old) national and state criminal background check, state driver's license back ground check and a child abuse history clearance to be considered for employment. We will not process the application until these conditions are met. The applicant will be responsible for all costs of the back ground checks. If the applicant successfully completes the six (6) month probationary period, the cost of the background checks will be refunded to the applicant.

Bedford Area Ambulance ("Bedford") considers applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristics protected by law.

**- BEDFORD AMBULANCE IS AN ALCOHOL AND DRUG-FREE WORKPLACE -**

PLEASE PRINT

DATE: \_\_\_\_\_

PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Photocopy Required)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone Number: \_\_\_\_\_

May we post your phone numbers on the "Staff Roster"?

Telephone YES NO

Cell phone YES NO

*If yes on either one, we will leave that space blank and the numbers will be for "office use only".*

Email Address: \_\_\_\_\_

Are you at least 16 years of age? YES NO Date Available to Start: \_\_\_\_\_

Do you have any relatives or friends working/volunteering here? \_\_\_\_\_

Please list: \_\_\_\_\_

**POSITION INFORMATION**

Position(s) Applying For: \_\_\_\_\_

Have you ever worked/volunteered for this organization? \_\_\_\_\_

If so, date(s) \_\_\_\_\_ Prior position(s) here: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**CERTIFICATION INFORMATION**

(List only current certifications - photocopies required)

Certification	Certification Number	Expiration Date	Instructing Agency
CPR			
EMT/EMT-P Level:			
Emergency Medical Responder			
National Registry			
PALS/PEP			
ACLS			
PHTLS			
EVOC			
Other: _____			

**WORK REQUIREMENTS  
AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? (Photo Copy Required) YES NO Class: \_\_\_\_\_

Issued by what State? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

List all moving violations (convictions) and accidents in the last five years: \_\_\_\_\_

Within the past five (5) years, have you been convicted of a felony, or within the past two (2) years, of a misdemeanor or are you presently formally charged with committing a criminal offence? (Do not include any traffic violations, juvenile offences or military convictions, except by general court-martial.) YES NO

If yes, furnish details of conviction, offense, location, date, and sentence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the past three (3) years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed by a physician?

If yes, furnish details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted, pled guilty, or no contest to a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

If yes, furnish details of conviction, offense, location, date, and sentence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or other disabilities that would limit your ability to perform the position you are applying for? YES NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Any false information or omission of information will jeopardize your position in respect to employment. The information furnished or received as a result of any inquiry will not necessarily preclude employment, but will be considered as part of an overall evaluation of your qualifications. The maintaining of fair employment practices, the protection of your right to privacy and the assurance that the results of such inquiries will be treated by Bedford Area Ambulance Service, Inc. in strict confidence.*

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

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_  
\_\_\_\_\_

Employer's Telephone #: (\_\_\_\_\_) \_\_\_\_\_ May we contact? YES NO

Reason for leaving: \_\_\_\_\_

II. Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_  
\_\_\_\_\_

Employer's Telephone #: (\_\_\_\_\_) \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

III. Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: (\_\_\_\_) \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

**\*\*Previous Employer's phone numbers must be listed to complete the application process\*\***

**MILITARY:**

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: \_\_\_\_\_

**PAST EMPLOYMENT**

Have you ever been:

- Placed on probation or terminated for excessive absenteeism? YES NO
- Disciplined or fired for insubordination? YES NO
- Disciplined or fired for violation of safety rules? YES NO
- Disciplined or fired for assault or fighting? YES NO
- Disciplined or fired for harassment? YES NO
- Disciplined or fired for patient abuse? YES NO
- Disciplined or fired for alcohol or drug related activity at work? YES NO

If you answered yes to any question above, please explain: \_\_\_\_\_

*Answers of Yes for any of the above questions will not necessarily disqualify you from employment.*

**EDUCATION AND TRAINING**

**HIGH SCHOOL:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_ Did you graduate? YES NO

If not, highest grade completed: \_\_\_\_\_ Have you received your GED? YES NO

**COLLEGE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate? YES NO

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**OTHER COLLEGE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate? YES NO

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**TECHNICAL SCHOOL:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate? YES NO

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

**OTHER SCHOOL/TRAINING:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate? YES NO

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

OTHER: \_\_\_\_\_

EMS/FIRE SERVICE RELATED TRAINING: \_\_\_\_\_

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
How they know you: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
How they know you: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

**\*\*Reference's phone numbers must be listed to complete the application process\*\***

## 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 the company 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 the company 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 will 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 the company as a condition of my employment, and I hereby give my consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future. I also understand that a physical fitness exercise may be required as a condition of employment.