**APPLICATION**

This application may be submitted to**:**  Nazareth Ambulance Corps, Attn: Bob Norder, 519 Seip Ave., Nazareth PA, 18064  email: rnorder@nazarethems.com

|  |
| --- |
| Nazareth Ambulance Corps will consider applicants for all positions equally without regard to age, gender, race, color, national origin, religion, creed, disability, marital or veteran status, sexual orientation, or any other legally protected status. |

**Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Time / Part Time / Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_ Application Date: \_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name (Last, First, Middle)** | **Social Security #** |



**ADDRESS INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address Apt#** | | | **Phone #** |
| **City** | **State** | **Zip Code** | **Cell Phone #** |
| **Email address:** | | | |



**EMERGENCY CONTACT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (Last, First)** | | | **Relation** |
| **Address Apt #** | | | **Phone # (include area code)** |
| **City** | **State** | **Zip** | **Alternate Phone #** |



**GENERAL INFORMATION**

Are you currently employed? (Yes) (No) Date you can begin work / volunteer service: \_\_\_\_\_\_\_\_

If seeking employment, may we contact your present employer? (Yes) (No) (N/A)

Are you available for: (Days) (Nights)  (Weekends)

Have you ever filed an application with us before? (Yes) (No) If Yes, give date: \_\_\_\_\_\_\_\_

Have you ever been employed / volunteered with us before? (Yes) (No) If Yes, give date: \_\_\_\_\_\_\_\_

Are you at least 18 years of age? (Yes) (No)

Have you ever been convicted of a felony? (Yes) (No)

If Yes, give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If seeking employment, are you a United States citizen, a national of the United States, an alien lawfully admitted for

permanent residence, or otherwise authorized to work in the United States? (Yes) (No)



**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of School | Address | Years Completed | Graduated?  Yes/No | Major/Type of Degree |
| High School |  |  |  |  |  |
| College |  |  |  |  |  |
| Graduate or Professional |  |  |  |  |  |
| Technical/Trade  Or Other |  |  |  |  |  |



**PREVIOUS EMPLOYMENT / VOLUNTEER SERVICE**

Start with your present or last experience. Include any job-related volunteer activities. You may exclude organizations that indicate race, color, national origin, disability, sexual or religious orientation, or any other protected status.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **Employer / Company** | **Dates** | | **Job Title / Rank Held** |
|  |  | **From** | **To** |  |
|  | **Address** |  |  | **Supervisor** |
|  | **City, State, Zip** | **Salary/Hourly Wage** | | **Reason for Leaving** |
|  |  | **Starting** | **Final** |  |
|  | **Telephone Number** |  |  |  |
| **2** | **Employer / Company** | **Dates** | | **Job Title / Rank Held** |
|  |  | **From** | **To** |  |
|  | **Address** |  |  | **Supervisor** |
|  | **City, State, Zip** | **Salary/Hourly Wage** | | **Reason for Leaving** |
|  |  | **Starting** | **Final** |  |
|  | **Telephone Number** |  |  |  |
| **3** | **Employer / Company** | **Dates** | | **Job Title / Rank Held** |
|  |  | **From** | **To** |  |
|  | **Address** |  |  | **Supervisor** |
|  | **City, State, Zip** | **Salary/Hourly Wage** | | **Reason for Leaving** |
|  |  | **Starting** | **Final** |  |
|  | **Telephone Number** |  |  |  |

Are there any employers / services you DO NOT wish us to contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been discharged by a previous employer? (Yes) (No) If Yes, when? \_\_\_\_\_\_\_\_

Give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



**US MILITARY SERVICE**

(Yes) (No) Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Induction Date: \_\_\_\_\_\_\_\_ Discharge Date: \_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Schools: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**DRIVERS LICENSE INFORMATION**

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_ Years Driving: \_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Driving Violations(List all received within the past 3 years)** | **Date** | **Disposition and Fine** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Automobile Accidents:** | **Date** | **Location** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |



**PROFESSIONAL CERTIFICATIONS**

List all applicable certifications and professional or military training received

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Course:** | **Certification #** | **Date** | **Expires** | **Course Location** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |



**PERSONAL REFERENCES (other than relatives)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | | **Address (include city, state, zip)** | **Phone** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |



**APPLICATION AGREEMENT**

In completing this application, and any supplements to this application, I certify that information given herein is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the company’s service if chosen. I understand also, that I am required to abide by all rules and regulations of Nazareth Ambulance Corps. I agree that Nazareth Ambulance Corps shall not be liable in any respect if my association is terminated because of the falsity of statements made by me on this application. I authorize investigation of all statements contained in this application as may be necessary for arriving at a decision. I understand that information concerning my past record will be sought from my previous employers and other sources and I hereby release from all liability or damages those individuals, corporations, or organizations who provide such information. I understand that any such information provided shall become the exclusive property of the company. I understand and acknowledge that, unless otherwise defined by applicable law, any association with the company is of an ‘at will’ nature, which means that I may resign at any time and Nazareth Ambulance Corps may discharge me at any time with or without cause.  I further understand that this ‘at will’ relationship may not be changed unless specifically agreed to in writing by an authorized executive of this company. This certifies that this application was completed accurately and honestly by me or at my direction.

 APPLICANT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYER USE ONLY**

Date Application Received: \_\_\_\_\_\_\_\_

References Checked? (Yes) (No) Past Employers Checked? (Yes) (No)

Status: (Hire) (Deny) (Hold)

If Denied, Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dedication: (FT) (PT) (Vol.)

Orientation Date: \_\_\_\_\_\_\_\_ Starting Wage: \_\_\_\_\_\_\_\_



**Nazareth Ambulance Corps**

519 Seip Avenue

Nazareth, PA 18064

610-759-5422

Fax 610-365-8215