



BOYERTOWN LIONS COMMUNITY AMBULANCE SERVICE

EMPLOYMENT APPLICATION



APPLICANT INFORMATION					
Last Name		First		M.I.	Date / /
Street Address				Apt/Unit #	
City			State	ZIP	
Phone () --			E-Mail		
Soc. Security # -- --		Date Available / /		Desired Salary	
Position Applying For <input type="checkbox"/> First Responder <input type="checkbox"/> EMT-B <input type="checkbox"/> Paramedic <input type="checkbox"/> Other					
Status Applying For <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either Full-time or Part-time					
Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Please provide proof of eligibility to work in the U.S. if applicable.</i>					
Have you ever been an employee at BLCAS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?					

EDUCATION					
High School			Address		
From	To	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	
College			Address		
From	To	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	
Other			Address		
From	To	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	

REQUIRED CERTIFICATIONS					
<input type="checkbox"/> FR <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-P <input type="checkbox"/> Other			Cert. #	Exp. Date / /	
CPR* <input type="checkbox"/> American Heart Association <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other			Exp. Date / /		
PALS** Exp. Date / /		ACLS** Exp. Date / /		PHTLS** Exp. Date / /	
EVOC* <input type="checkbox"/> Yes <input type="checkbox"/> No		NIMS* <input type="checkbox"/> IS-100* <input type="checkbox"/> IS-200 <input type="checkbox"/> IS-700* <input type="checkbox"/> IS-800 <input type="checkbox"/> None			
Hazardous Materials* <input type="checkbox"/> Awareness* <input type="checkbox"/> Operations <input type="checkbox"/> Technician <input type="checkbox"/> Specialist					
<i>* required for BLS and ALS providers ** required for ALS providers only</i>					
<i>Please attach copies of all certifications/cards, along with your Driver's License.</i>					

PREVIOUS EMPLOYMENT

Company		Phone () --	
Address		Supervisor	
Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company		Phone () --	
Address		Supervisor	
Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company		Phone () --	
Address		Supervisor	
Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES

Full Name		Phone () --	
Address		Title	
Full Name		Phone () --	
Address		Title	
Full Name		Phone () --	
Address		Title	

References must be professional/academic (no family members or social acquaintances).

Please list any other professional certifications or training you have acquired which you feel would be beneficial to our organization (*You may also attach these certificates to this application*):

Do you possess any other skills (computer skills, organizational skills, accounting skills, etc.) which you feel would be beneficial to our organization? Please list:

DISCLAIMER AND SIGNATURE

I certify that all of my answers on this application are true and complete to the best of my knowledge. If this application leads to my employment, I understand that any false or misleading information in this application, my interview, or any other communications between me and BLCAS during my orientation may result in my release from employment.

Signature

Date