



LAKELAND EMERGENCY SQUAD

Serving _____
ANDOVER BORO
ANDOVER TWP.
BYRAM TWP.

EMERGENCY MEDICAL TECHNICIAN APPLICATION FOR EMPLOYMENT

Please read the following paragraph before completing this application.

This application must be completed by the applicant. Any misstatement of fact, omissions or attempt to mislead this agency, if deliberate or in error, may lead to your disqualification. This application must be printed in ink and all information filled in. If any requested data does not apply to you, indicate by entering "N/A". Do not leave any question blank.

If additional space is required for answers to questions in any section of this application, submit on a separate sheet, attach to application, and note this in the applicable section. Each subsequent page and any attachments ***must be initialed individually.***

Name: _____, _____
Last First Middle



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Date: _____

I. Personal Information

Name: _____, _____
Last First Middle

Physical Address: _____
Street Address Municipality State ZIP

Mailing Address: _____
Box Number/Street City State ZIP

Phone Numbers: _____
Cell Home

E-Mail Address: _____

Are you authorized to work in the United States? All employees are required to submit an I-9 form within three (3) business days of first day of work. Yes____ No____

Are you over the minimum legal working age? Yes____ No____

II. Education

High School:

_____ School City State

Grade Reached: _____ Graduated? Yes____ No____

College / University:

_____ School City State

Graduated? Yes____ No____ Degree Obtained: _____

Initials: _____



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List all other degrees received from accredited colleges and/or universities:

Specialized Courses or Schools:

Name of School or Course	City / State	Cert / Degree
Name of School or Course	City / State	Cert / Degree
Name of School or Course	City / State	Cert / Degree

Additional Training:

NJ EMT-B Certification	Yes ()	No ()	Date Completed: _____
National Registry EMT	Yes ()	No ()	Date Completed: _____
CPR (Healthcare Provider)	Yes ()	No ()	Date Completed: _____
HAZMAT Awareness	Yes ()	No ()	Date Completed: _____
HAZMAT Operations	Yes ()	No ()	Date Completed: _____
Rescue Technician	Yes ()	No ()	Date Completed: _____
Vehicle Extrication	Yes ()	No ()	Date Completed: _____
Bloodborne Pathogens	Yes ()	No ()	Date Completed: _____

Initials: _____



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ICS 100	Yes ()	No ()	Date Completed: _____
ICS 200	Yes ()	No ()	Date Completed: _____
ICS 300	Yes ()	No ()	Date Completed: _____
ICS 400	Yes ()	No ()	Date Completed: _____
NIMS 700 / 800	Yes ()	No ()	Date Completed: _____
CEVO	Yes ()	No ()	Date Completed: _____
Rescue Task Force	Yes ()	No ()	Date Completed: _____
PHTLS/ITLS	Yes ()	No ()	Date Completed: _____
Epi-Pen	Yes ()	No ()	Date Completed: _____
Narcan	Yes ()	No ()	Date Completed: _____
Aspirin	Yes ()	No ()	Date Completed: _____
SMR	Yes ()	No ()	Date Completed: _____

Other Pertinent Trainings / Certifications:

III. Job Related Employment History

List all places of employment, including full time, part time and per diem; omit none.

Current occupation: _____

If currently employed, will you allow this agency to contact your present employer?

Yes _____ No _____ If no, why? _____

Initials: _____



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Employment History with Most Current Listed First

1. _____
Employer Name _____ Employer Phone # _____
Employed From: _____ Employed To: _____
Position: _____ Salary: _____
Supervisor: _____
Name _____ Phone # _____
Reason For Leaving: _____

2. _____
Employer Name _____ Employer Phone # _____
Employed From: _____ Employed To: _____
Position: _____ Salary: _____
Supervisor: _____
Name _____ Phone # _____
Reason For Leaving: _____

3. _____
Employer Name _____ Employer Phone # _____
Employed From: _____ Employed To: _____
Position: _____ Salary: _____
Supervisor: _____
Name _____ Phone # _____
Reason For Leaving: _____

Initials: _____



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4. _____
Employer Name Employer Phone #

Employed From: _____ Employed To: _____

Position: _____ Salary: _____

Supervisor: _____
Name Phone #

Reason For Leaving: _____

Have you ever made an application to any other emergency medical services agency?

Yes _____ No _____ If yes, list ALL agencies and dates: _____

Have you ever been rejected from another emergency medical services agency?

Yes _____ No _____

IV. Motor Vehicle Information

Do you presently a valid New Jersey driver's license? Yes _____ No _____

Have you ever held a driver's license from another jurisdiction? Yes _____ No _____

If yes, give the name of the jurisdiction and dates held:

_____ From: _____ To: _____

_____ From: _____ To: _____

Initials: _____



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V. Personal References

Please list three (3) non-relative references, including at least one (1) personal and one (1) professional. Lakeland EMS may contact these references with regard to your application.

1. Name: _____ Phone #: _____

Address: _____

Occupation: _____ Years Known: _____

Briefly explain how you know this person: _____

2. Name: _____ Phone #: _____

Address: _____

Occupation: _____ Years Known: _____

Briefly explain how you know this person: _____

3. Name: _____ Phone #: _____

Address: _____

Occupation: _____ Years Known: _____

Briefly explain how you know this person: _____

Initials: _____



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VI. Attachments & Authorization

Copies of the following documents must be provided and returned to Lakeland EMS immediately after an official employment offer has been made and accepted by the applicant.

Emergency Medical Technician Certification Card
CPR Healthcare Provider Card
High School or College Diploma
Driver's License
All other applicable items listed in Section II

Please complete the authorization & release form on the following page.

Initials: _____



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LAKELAND EMERGENCY SQUAD, INC. AUTHORIZATION & RELEASE OF INFORMATION

I, _____, am making application for employment with the Lakeland Emergency Squad, Inc. (Lakeland EMS). As a result, an investigation will be conducted to determine my eligibility for an open position. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is of a public, private, or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution to have control of any documents, records, and other information pertaining to me, to furnish Lakeland EMS or their representatives any such information, formal, informal, pending or closed, or any other pertinent data, and to permit Lakeland EMS or their representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate Lakeland EMS or their representatives and any other person(s) so furnishing, information any and all liability of every nature and kind arising out of the furnishing, inspection or collecting of such documents, records and any other information or the investigation made by Lakeland EMS or their representatives.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this authorization and release will be considered in determining my suitability for employment with Lakeland EMS.

In the event that my criminal history record or other record is utilized as a basis to reject my employment application, I understand that Lakeland EMS will set forth the basis for such rejection to me in writing and afford to me an opportunity to confirm or deny the accuracy of any information contained in the criminal history record or other record. I shall be afforded a reasonable period of time to correct or complete the record prior to a final determination or decision concerning my eligibility for employment.

A photocopy of this authorization and release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization & Release."

Signature: _____

Date: _____

Initials: _____