

E. A. P. S Application for Employment
Application Form Waiver
(Please read carefully)

In exchange for the consideration of my job application by Eastern Area PreHospital Services (hereinafter called "EAPS"), I agree that:

Neither the acceptance of the application, nor the subsequent entry into any type of employment relationship, either in the position applied for, or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other EAPS practices, shall serve to create an actual or implied contract of employment. It does not confer any right to remain an employee of Eastern Area PreHospital Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the Executive Director or EAPS. Both the undersigned and Eastern Area PreHospital Services may end the employment relationship at any time without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits, policies and such changes may include reduction in benefits.

I authorize investigation in all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give EAPS permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release EAPS from any liability as a result of such contract.

I also understand that (1) EAPS has drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to an compliance with such policy is a condition of my employment, and (3) continued employment is based on the successful passing of job-related examinations.

I understand that in connection with the routine processing of your employment application, EAPS may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, EAPS will provide me with additional information concerning the nature and scope of any such report requested by the Fair Credit Reporting Act.

I further understand that my employment with EAPS shall be probationary for period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the EAPS is terminable at will for any reason by either party.

Signature of Applicant: _____ Date: ____/____/____

EAPS is an equal opportunity employment employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure that your opportunity for employment with EAPS depends solely on your qualifications.

Eastern Area PreHospital Services
Application For Employment
Please **PRINT** and complete information.

Position Applied for: _____

Salary Expected: \$ _____

Circle all that pertains to you desired employment:

Full Time *Part Time* *Full or Part Time*
Daylight Only *Nights Only* *Days or Nights*

Personal Information:

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Address: _____

Home Phone: _____

Alternative #: _____

Social Security #: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Emergency Contact Information:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Certification Level: _____

Certification #: _____ State: _____

Expiration Date: _____ / _____ / _____

Are you a Preceptor? _____

If so Where: _____

Place of EMS Training: _____

Date of Completion: _____ / _____ / _____

Paramedic Command Facility: _____

List and Con Ed or Certification completed that
would assist you in your duties at EAPS:

Education:

List name of school, Location and Highest Grade Completed

Highschool: _____

College: _____

Vo-Tech/Trade School: _____

E. A. P. S Application for Employment

Work Experiences:

Please list your work experience for the past five years beginning with your most recent job held.

Date of Employment: From: _____ To: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: (____) _____ - _____

Job Title: _____ Final Salary: \$ _____

May we contact your supervisor? Yes No

Reason for leaving (please be specific): _____

List the jobs tha tyou held, duties you preformed, skills that were used, advancements or promotions while you worked in this position:

Date of Employment: From: _____ To: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: (____) _____ - _____

Job Title: _____ Final Salary: \$ _____

May we contact your supervisor? Yes No

Reason for leaving (please be specific): _____

List the jobs tha tyou held, duties you preformed, skills that were used, advancements or promotions while you worked in this position:

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Supervisor: _____ Phone: (____) _____ - _____

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Job Title: _____ Final Salary: \$ _____

May we contact your supervisor? Yes No

Reason for leaving (please be specific): _____

List the jobs tha tyou held, duties you preformed, skills that were used, advancements or promotions while you worked in this position:

E. A. P. S Application for Employment
Additional Information:

Have you ever served in the Armed Forces? _____ Date of Service: _____ / _____ / _____

If yes, what branch and are you currently in the reserves? _____

Specialty: _____

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s), leading to conviction(s), date of conviction(s), sentence(s) imposed, and type of rehabilitation: _____

Do you have a driver's license? Yes No

Have you completed an Emergency Vehicle Operations Class (EVOC)? Yes No Date: ____/____/____

Drivers license Number: _____ State: _____

Have you had accidents in the past three years? YesNo If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

References:

Please list two references other than relatives or previous employers:

Name: _____

Name: _____

Company: _____

Company: _____

Phone: (____) _____ - _____

Phone: (____) _____ - _____

Address: _____

Address: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:

E. A. P. S Application for Employment
Drug Testing Consent

I have applied for employment with Eastern Area PreHospital Services in a position that requires me to operate an Emergency Vehicle or Wheelchair Van. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Eastern Area PreHospital Services for employment.

I hereby authorize any physician, laboratory, hospital or medical profession retained by Eastern Area PreHospital Services to conduct such screening, and to provide the results to Eastern Area PreHospital Services. I release Eastern Area PreHospital services, and any person affiliated with Eastern Area PreHospital Services and any such institution or person conducting the screening, from liability thereof.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY
DATE RECEIVED BY CHILDLINE

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME STREET CITY, STATE ZIP CODE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="width: 33%;">AGE</td> <td style="width: 33%;">DATE OF BIRTH</td> <td style="width: 33%;">DAYTIME PHONE NO.</td> </tr> <tr> <td colspan="2">SEX <input type="checkbox"/> M <input type="checkbox"/> F </td> <td>COUNTY YOU LIVE IN</td> </tr> </table>	SOCIAL SECURITY NUMBER			AGE	DATE OF BIRTH	DAYTIME PHONE NO.	SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN
SOCIAL SECURITY NUMBER										
AGE	DATE OF BIRTH	DAYTIME PHONE NO.								
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN								

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)		(FIRST, MIDDLE, LAST)
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PURPOSE OF CLEARANCE (Check ONE block ONLY)

<input type="checkbox"/> CHILD CARE <input type="checkbox"/> FOSTER CARE <input type="checkbox"/> ADOPTION <input type="checkbox"/> SCHOOL	<input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
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SIGNATURE OF CAO REP _____ CAO PHONE NO _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____
2. _____
3. _____
4. _____

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II RESULTS OF HISTORY CHECK

<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.		<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).	
STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER _____ DATE _____ VERIFIER'S SUPERVISOR _____ DATE _____

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

***** TYPE OR PRINT LEGIBLY WITH INK *****

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME			
ADDRESS			
CITY	STATE	ZIP	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

- INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE.
- FEE EXEMPT NONCRIMINAL JUSTICE AGENCY
- *** DO NOT SEND CASH OR PERSONAL CHECK *****

NAME/SUBJECT OF RECORD CHECK (LAST)		(FIRST)	(MIDDLE)	
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING) ELDER CARE CHILD CARE SCHOOL DISTRICT
- ADOPTION/FOSTER CARE
- OTHER (SPECIFY)

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

- INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY
(AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

REQUESTER CHECKLIST

- DID YOU ENTER THE FULL NAME, DOB, AND SOC?
- DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?
- *** DO NOT SEND CASH OR PERSONAL CHECK *****
- DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?

AFTER COMPLETION MAIL TO

**PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758
717-783-9973
BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)**

PART II: CENTRAL REPOSITORY RESPONSE ONLY

*****DO NOT WRITE BELOW THIS LINE*****

INFORMATION DISSEMINATED	INQUIRY DISSEMINATED BY	SID NUMBER
<input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED		
THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.	CERTIFIED BY	
<input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER		
<input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE		
<input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME		
	(DIRECTOR, CENTRAL REPOSITORY)	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.