

**LEHIGHTON AMBULANCE ASSOCIATION, INC.**  
**VOLUNTEER & PRE-EMPLOYMENT QUESTIONNAIRE**

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Lehighton Ambulance Association, Inc. recognizes that all persons are entitled to equal employment opportunities, and in its recruitment for employment or volunteers, training and compensation practices, the best qualified individual, based on organizational requirements, shall be selected, without regard to race, creed, color, sex, or national origin, as well as mental and physical handicaps that do not interfere with job performance.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (ZipCode)

DATE OF BIRTH \_\_\_\_\_ U.S. CITIZEN? YES \_\_\_ NO \_\_\_ ALIEN # \_\_\_\_\_

Pager/Cell Number (\_\_\_\_) \_\_\_\_\_ Carrier: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

Email address: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PER-DIEM \_\_\_\_\_ VOLUNTEER

HAVE YOU EVER PLEADED OR BEEN CONVICTED OF A CRIME OTHER THAN A MISDEMEANOR OR SUMMARY OFFENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU HAVE BEEN CONVICTED OF A FELONY, THE NATURE OF THE FELONY AND THE LENGTH OF TIME SINCE CONVICTION WILL BE IMPORTANT EMPLOYMENT CONSIDERATIONS. YOU WILL NOT BE AUTOMATICALLY DISQUALIFIED FOR EMPLOYMENT BY LAA, INC. BECAUSE OF A PRIOR CONVICTION AND YOU WILL BE GIVEN THE OPPORTUNITY TO EXPLAIN ANY CONVICTIONS.

HAVE YOU EVER BEEN FIRED FROM A JOB FOR ANY REASON? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WILL YOU BE AVAILABLE? \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL: NUMBER OF YEARS COMPLETED: 1 2 3 4

SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA? YES \_\_\_ NO \_\_\_ (OR) GED YES \_\_\_ NO \_\_\_

COLLEGE: NUMBER OF YEARS COMPLETED: 1 2 3 4 5

SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

MAJOR: \_\_\_\_\_ DEGREE: \_\_\_\_\_

OTHER TRAINING:

SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COURSE: \_\_\_\_\_ DEGREE EARNED: \_\_\_\_\_

### EMERGENCY MEDICAL SERVICES TRAINING:

HIGHEST LEVEL OF TRAINING: FIRST RESPONDER \_\_\_\_\_ EMT \_\_\_\_\_

OTHER \_\_\_\_\_ PARAMEDIC \_\_\_\_\_ HEALTH PROFESSIONAL \_\_\_\_\_

DATE OF ORIGINAL CERTIFICATION: \_\_\_\_\_

LOCATION OF ORIGINAL FIRST RESPONDER/EMT/PARAMEDIC/HPRN TRAINING:

SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HAS YOUR CERTIFICATION EVER LAPSED? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOUR MEDICAL COMMAND PRIVILEGES EVER BEEN SUSPENDED? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

IS THERE ANY LEGAL, MALPRACTICE OR DISCIPLINARY ACTION PENDING AGAINST YOU? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

CURRENT EMS REGION IN WHICH YOU SERVE: \_\_\_\_\_

CURRENT MEDICAL DIRECTOR'S NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET/P.O. BOX) (CITY) (STATE) (ZIP CODE)

### CERTIFICATIONS WITH COPIES ATTACHED TO APPLICATION:

DRIVER'S LICENSE: DR. ID # \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
EVOC DATE TAKEN \_\_\_\_\_

(Circle One) FR EMT PII HP

CERT# \_\_\_\_\_ DATE \_\_\_\_\_ 3 DIGIT \_\_\_\_\_

CPR EXPIRATION DATE \_\_\_\_\_

ACLS EXPIRATION DATE \_\_\_\_\_

PHTLS EXPIRATION DATE \_\_\_\_\_

PALS EXPIRATION DATE \_\_\_\_\_

HAZ MAT R & I EXPIRATION DATE OR DATE TAKEN \_\_\_\_\_  
(CIRCLE ONE)

HEPTAVAX Y or N DATE TAKEN \_\_\_\_\_ EMPLOYEE PHYSICAL? \_\_\_\_\_

TB TESTING Y or N DATE TAKEN \_\_\_\_\_

BLOOD BORNE PATHOGEN IN SERVICE DATE TAKEN \_\_\_\_\_

## EMPLOYMENT HISTORY

COMPANY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ START DATE: \_\_\_\_\_ LEAVE DATE: \_\_\_\_\_

SUPERVISOR'S NAME AND DEPARTMENT: \_\_\_\_\_

JOB TITLE AND DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ START DATE: \_\_\_\_\_ LEAVE DATE: \_\_\_\_\_

SUPERVISOR'S NAME AND DEPARTMENT: \_\_\_\_\_

JOB TITLE AND DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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COMPANY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ START DATE: \_\_\_\_\_ LEAVE DATE: \_\_\_\_\_

SUPERVISOR'S NAME AND DEPARTMENT: \_\_\_\_\_

JOB TITLE AND DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

## PROFESSIONAL REFERENCES

(1.) FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

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(2.) FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

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(3.) FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

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TO THE APPLICANT: READ CAREFULLY BEFORE SIGNING

I certify that all data provided on this application is true and accurate. I understand that it will be carefully checked and that misrepresentation or omission of facts on my part may be justification for separation from the Organization's services, if employed or accepted into membership.

I authorize you or my former employers or references to furnish any information concerning my personal background check or employment record .

I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that if employment is obtained under this application, the organization does not guarantee employment for a fixed term.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application

I understand that I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I hereby agree to submit to a physical examination if requested by the organization and I attest to the fact that I am now physically capable of performing all responsibilities within the scope of the position for which I applied and understand that some heavy lifting will be required as part of an ambulance service.

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(Signature)

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(Date)



Date of Birth: \_\_\_\_\_

Operator License Number \_\_\_\_\_

Signature: \_\_\_\_\_

Applicant