



The statements are subject to verification to determine your qualifications for employment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

If you are not a US citizen, are you legally eligible to remain and work in the US? \_\_\_\_\_

Do you currently have a valid Driver's License: \_\_\_\_\_

**Position applying for:**

EMR \_\_\_\_\_ EMT \_\_\_\_\_ Paramedic \_\_\_\_\_ Transport Driver \_\_\_\_\_ Other \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Per Diem \_\_\_\_\_ Days \_\_\_\_\_ Nights \_\_\_\_\_ Weekends \_\_\_\_\_

Date available to start \_\_\_\_\_ Have you ever applied with us before? \_\_\_\_\_

Are you currently employee? \_\_\_\_\_

Current Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

**Education:**

Type of School	Name of School	Dates	Major	Diploma / Certificate
High School				
College				
EMS Training				
Other				



**Certifications:** Please list and provide photocopies of each certification

Certification	Cert Number	Expiration	Certifying Agency
EMT- Basic			
Paramedic			
CPR/AED			
ACLS			
PALS			
PHTLS / ITLS			
EVOC			

**Employment History:** Please start with present or most recent employer; use additional paper if necessary

Present Employer May we contact? Y/N \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer May we contact? Y/N \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer May we contact? Y/N \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_



**Please answer these questions to the best of your ability**

1. Has your driving privilege ever been Suspended/Revoked? Yes / No \_\_\_\_\_

If yes, explain \_\_\_\_\_

2. Do you have any physical or health problems that would hinder you from performing physical work? Yes / No \_\_\_\_\_

If yes, explain \_\_\_\_\_

3. Have you had the Hepatitis B Inoculation? Yes / No \_\_\_\_\_

If yes, please provide proof \_\_\_\_\_

4. Are you currently under any investigation for a crime? Yes / No \_\_\_\_\_

If yes, explain \_\_\_\_\_

**References (Please list three with at least one professional reference)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years known: \_\_\_\_\_

I hereby attest that all of the above statements are true, correct, and complete. I understand that any false statements on this application will be just cause for the immediate termination of my employment with Western Alliance Emergency Services, Inc. I have been advised and understand as a condition of my job employment, criminal history background clearance must be obtained from the Pennsylvania State Police and/or Federal Bureau of Investigation. I do hereby authorize Western Alliance Emergency Services, Inc., to request Act 34 Clearance, ACT 151 Clearance and a Motor Vehicle Report (MVR), for the purpose of determining my eligibility. I understand that ACT 169 of 1996, and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with this Act. I agree to abide by all rules and regulations, and agree to read and abide by all of the policies and procedures set forth by Western Alliance Emergency Services, Inc. I furthermore, agree to keep all patient information confidential, and I will maintain a neat and clean appearance in my duties, while presenting a professional appearance. I have also noted that Western Alliance Emergency Services, Inc., is an Equal Opportunity Employer and that all applicants receive consideration for employment without regard to race, religion, color, sex, age, marital status, national origin, or any other legally protected classification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Release of Information**

Date: \_\_\_\_\_

To \_\_\_\_\_  
Name of Current/Former Employer

\_\_\_\_\_  
Address of Current/Former Employer

I, \_\_\_\_\_, hereby authorize the release of information requested by Western Alliance Emergency Service pertaining to my employment with your organization. I understand that references will be checked before a formal offer of employment will be made to a candidate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Period of Employment



**Authority for Release of Information - Background Check**

I have applied for a position that has been designated as “sensitive” with Western Alliance Emergency Service, Inc. This designation permits Western Alliance Emergency Services, Inc. to conduct a criminal history check, including a possible fingerprint—based criminal history check with the Federal Bureau of Investigation. Therefore, I hereby authorize the Executive Director or any duly accredited representative of Western Alliance Emergency Service, Inc. bearing this release, or a copy thereof, to obtain any information from law enforcement / criminal justice agencies. I understand that the information released is for official use by Western Alliance Emergency Service, Inc.

In the event it is requested, I submit to fingerprinting and understand that my fingerprints will be sent to the Federal Bureau of Investigation for a criminal history check.

I do hereby release any individual, including records custodians, from any and all liability for damages of whatever kind, or nature, that may at anytime result to me on account of compliance, or any attempt to comply, with this authorization.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that any and all information collected pursuant to this background check may be used in assessing the suitability for the position applied for. This information will not be shared with parties outside of Western Alliance Emergency Service administration directly involved in the hiring process. I also further understand that I may challenge the results of the background investigation and may request information needed to make such a challenge from Western Alliance Emergency Services, Inc.

Signature: _____	Date: _____
Print full name: _____	
Other Names (including maiden name): _____	
Current address: _____	
Phone number: _____	