



Serving the community for over 50 years

Application For Employment

West York Ambulance, Inc. is an equal opportunity employer. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of race, color, religion, age, sex, national origin, disability, or any other characteristic protected by law.

Personal Data

Last Name		First Name	M.I.	Maiden Name(s) / Aliases	
Address		City		State	Zip
S.S.N		Drivers' License # & State		State EMS Cert. #	
Primary Phone Number Home / Cellular (circle one)		Secondary Phone Number Home / Cellular (circle one)		E-mail Address	

Position Applied For: Paramedic or EMT-B (please circle)

Full Time PRN

Are you 18 years of age or older? Yes () No ()

Are you legally allowed to work in the United States? Yes () No ()

Are you able to work: nights (), weekends (), rotating shifts (), overtime ().

Have you ever been convicted of a felony or criminal misdemeanor? Yes () No ()

If "Yes," explain: _____

Note: A past conviction does not automatically exclude an applicant from being considered for employment.

Have you ever been employed by West York Ambulance, Inc.? Yes () No ()

If "Yes," give reason for leaving: _____

Emergency Services History

Please list any emergency services agency with which you have been affiliated starting with the most recent. This should include volunteer as well as paid positions. Be sure to provide as much detail as possible regarding contact information for these agencies (complete mailing address, phone number, etc.). Attach additional pages if necessary.

1. _____ From: _____ To: _____
Name of Organization Dates of Affiliation / Empl.

Street Address City State Zip Code
()

Phone Number Contact Person

Position Held Pay Rate Reason for Leaving

2. _____ From: _____ To: _____
Name of Organization Dates of Affiliation / Empl.

Street Address City State Zip Code
()

Phone Number Contact Person

Position Held Pay Rate Reason for Leaving

3. _____ From: _____ To: _____
Name of Organization Dates of Affiliation / Empl.

Street Address City State Zip Code
()

Phone Number Contact Person

Position Held Pay Rate Reason for Leaving

Employment History

Please list all employers not included in the above list of Emergency Services Affiliations, again beginning with the most recent. As above, be sure to provide as much detail as possible. Be sure to account for any periods of unemployment longer than six months. Attach additional pages as necessary to account for at least the past five years.

1. _____ From: _____ To: _____
Name of Employer Dates of Employment

Street Address City State Zip Code
()

Phone Number Contact Person

Position Held Pay Rate Reason for Leaving

2. _____ From: _____ To: _____
Name of Employer Dates of Employment

Street Address City State Zip Code
()

Phone Number Contact Person

Position Held Pay Rate Reason for Leaving

3. _____ From: _____ To: _____
Name of Employer Dates of Employment

Street Address City State Zip Code
()

Phone Number Contact Person

Position Held Pay Rate Reason for Leaving

References

Please list at least three references not related to you. Please be sure to provide complete address and phone number.

1. _____
Name

Street Address

City

State

Zip Code

()

Phone Number

2. _____
Name

Street Address

City

State

Zip Code

()

Phone Number

3. _____
Name

Street Address

City

State

Zip Code

()

Phone Number

Have you ever been discharged, asked to resign, or resigned to avoid discharge from any position? Yes () No ().

If yes, please explain: _____

Current level of certification: ALS () BLS () Certification #: _____

Month and year you began to function at your current level: _____

With what organization? _____

Name of Applicant: _____
(Print) Last Name First Name

Date: _____

West York Ambulance, Inc. - Application Checklist

The following checklist must be **complete** prior to consideration being given to your application for Employment. Please place *N/A* in the space if it does not apply to the position for which you are applying.

Mandatory Items: (Items needed for application consideration) Application will not be processed if incomplete.

- _____ Current Resume and West York Ambulance, Inc. Application
- _____ Copy of High School Diploma/College Diploma or General Education Development Certificate (GED)
- _____ Two (2) copies of your current Driver's License
- _____ Copy of your current State certification for level of application (i.e. EMT or Paramedic)
- _____ Copy of National Registry Certification (if applicable)
- _____ Copy of Healthcare Provider CPR card
- _____ Copy of EVOC certificate (Emergency Vehicle Driver Training)
- _____ Copy of Hazardous Materials Operations Certificate (Meeting OSHA 29 CFR 1910.120)
- _____ Copy of NIMS 100, 200, 700, 800
- _____ Copy of Bloodborne Pathogens/Infectious Diseases

The following items are required for ALS candidates:

- _____ Copy of ACLS Card (Advanced Cardiac Life Support)
- _____ Copy of PALS Card (Pediatric Advanced Life Support)
- _____ Letter of Recommendation from current, or former, Medical Director Familiar with your work history and performance

Optional Items:

- _____ Copy of BTLS/PHTLS Certification
- _____ Copies of any other pertinent EMS certifications

Once all of the required items are received, you will be scheduled for pre-employment testing consisting of skills and/or written examinations. Upon successful completion of the pre-employment test, you will be scheduled for an interview.

Please Address All Written Correspondence to:

Human Resources
West York Ambulance, Inc.
320 East Berlin Road
York, PA 17408

For Office Use Only

Completed Application Date: _____ Signature: _____

Testing Date: _____ PASS / FAIL Expiration Date: _____



Please Read Carefully Before Signing

I, _____, certify that all the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment or may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (unless otherwise indicated below), past employer, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if an offer of employment is extended, it will be contingent upon me successfully passing a pre-placement physical examination, including a urine drug screen, to determine my ability to perform the essential functions of the position for which I have applied. I consent to the release of any or all medical information as may be deemed necessary to make this judgement.

I further understand that any offer of employment will also be contingent upon the results of a Pennsylvania State Police Criminal Background Check, a Child Abuse History Clearance and a review of my Motor Vehicle Record (separate forms will be utilized to obtain consent for these requests).

I understand that neither this application, any segment of the hiring process nor any subsequent offer of employment will constitute a contract of employment nor guarantee employment for any definite period of time. If hired, I understand that West York Ambulance, Inc. maintains a policy of "Employment at Will" and that continued employment is based upon the mutual consent of employer and employee. Likewise, said employment may be terminated at any time by either the employer or the employee with or without notice. My signature attests that I have read, understand, and agree to each of the above statements and conditions.

Signature of Applicant

Date

May we contact your current employer? Yes (), No (), Not currently employed ().