

# Susquehanna Valley Emergency Medical Services, Inc.

## Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability or any other legally protected status.

### Human Resources Department

Positions Applying For: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you currently a US citizen? Are you legally authorized to work for SVEMS in the United States? Yes  No   
Proof of citizenship or immigration status will be required upon employment.

Check the items you will consider:

Part-time  Full-time  Evenings  Days  Nights  Weekends

Have you ever filed an application with us before?  Yes  No

If yes, when \_\_\_\_\_

Have you previously been employed by Susquehanna Valley Emergency Medical Services, Inc.?  Yes  No

If yes, when \_\_\_\_\_

### Licensure

If you are licensed or certified to perform the duties for which you are applying, complete the following:

Licensed or certified by \_\_\_\_\_

License, certification, or registration number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Employment**

List your last (or present job) first, and all others in descending order. Be sure to list all employment, including military service.

**WHERE WERE YOU MOST RECENTLY EMPLOYED:**

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

Company Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_ Positions \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ Salary Initial \_\_\_\_\_ Final \_\_\_\_\_

**PRIOR TO THE ABOVE PLACE WHERE DID YOU WORK?**

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

Company Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_ Positions \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ Salary Initial \_\_\_\_\_ Final \_\_\_\_\_

**PRIOR TO THAT, WHERE DID YOU WORK?**

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

Company Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_ Positions \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ Salary Initial \_\_\_\_\_ Final \_\_\_\_\_

**References**

	Name	Address	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If your name has been changed since you previously worked here or at the companies above, please write your previous name here:

\_\_\_\_\_

Education Record

	Name & Address of School	High School Degree or GED	
High School _____		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Type	Name & Address of School	# Years	Major	Degree
Nursing School				
College/ University				
Post Graduate Education				
Other				

Have you ever been disciplined or discharged due to an act of violence in the workplace?  Yes  No

Have you ever pleaded guilty to or been convicted of any crime other than a minor traffic offense?  Yes  No

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

Conviction will not necessarily disqualify applicant from employment.

Are you capable of performing in a reasonable manner the essential functions and activities involved in the job for which you have applied with or without reasonable accommodation: \_\_\_\_\_.

Do you have any relatives working here?  Yes  No If yes, Name/Dept. (Entity) \_\_\_\_\_

I understand that due to the nature of the job, I may be required to work overtime \_\_\_\_\_(initials).

If accepted for work here, I could begin work: \_\_\_\_\_

**CONSENT TO PERFORM MEDICAL EXAMINATION AND/OR DRUG ALCOHOL TESTING**

I, \_\_\_\_\_, am an applicant for employment at Susquehanna Valley Emergency Medical Services, Inc. I understand that my physical condition may affect my work performance and my ability to carry out my job duties, and may endanger the safety and welfare of patients and employees at Susquehanna Valley Emergency Medical Services, Inc. In order to enable Susquehanna Valley Emergency Medical Services, Inc. to fulfill its obligation to provide a safe environment for patients and employees, **I CONSENT TO THE PERFORMANCE OF A POST OFFER MEDICAL EXAMINATION AND DIAGNOSTIC PROCEDURES**, including but not limited to the collection of blood and/or urine samples to test the presence of alcohol and/or drugs and/or chest x-ray.

I furthermore **AUTHORIZE THE RELEASE** of any and all medical information obtained during the examination and testing procedures to the Susquehanna Valley Emergency Medical Services, Inc.

I understand that at **ANY TIME** during my employment I may be tested for drugs and/or alcohol. If the results of such testing are **CONFIRMED POSITIVE** or I refuse to cooperate fully with a medical examination or testing procedures I may be subject to discipline, including termination. I release Susquehanna Valley Emergency Medical Services, Inc. and its employees, agents and physicians from any claims, liability or damages arising out of its performance of a medical and/or diagnostic procedure.

\_\_\_\_\_  
(Applicant/Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

**I hereby authorize Susquehanna Valley Emergency Medical Services, Inc. and their representatives to consult with administrators/ supervisors and academic institutions with which I have been associated and with others who may have information bearing on my professional competence. I hereby release from any liability any and all individuals and organizations listed above who provide information to the Susquehanna Valley Emergency Medical Services, Inc. in good faith concerning my professional competence, educational credentials, ethics, character and other qualifications and I hereby consent to the release of such information.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**With the submission of this application I certify that all statements are true and correct to the best of my knowledge and belief. Any misrepresentation or omissions on this application may be sufficient cause for rejection of the application or dismissal after employment. The offer of employment is conditional pending final approval of the employment physical examination which includes a substance and alcohol screen, and successful completion of the orientation period. It is understood that my employment with the Susquehanna Valley Emergency Medical Services, Inc. is AT WILL and may be discontinued at any time by either the Susquehanna Valley Emergency Medical Services, Inc. or myself. If accepted for employment I hereby agree to abide by the rules and policies of my employer.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**VOLUNTARY SELF-IDENTIFICATION  
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)**

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire. Please return this page with your application.

**PLEASE COMPLETE IN FULL:**

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

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

Social Security # \_\_\_\_\_

Sex: (Circle appropriate response) Male Female

Date of birth: \_\_\_\_\_

Applicant's zip code: \_\_\_\_\_

**RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

\_\_\_ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

\_\_\_ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

\_\_\_ **Race missing or unknown** - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

**VETERAN STATUS:**

(Please check one if it describes your veteran status.\*)

\_\_\_\_\_ **SPECIAL DISABLED VETERAN:** Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

\_\_\_\_\_ **VIETNAM ERA VETERAN:** A Vietnam Era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975.

\* Veteran status may only be requested after a job offer is made.

**Personal and Confidential**

**This page contains sensitive information, store in secure files, separately from personnel records!**