



Phillipsburg Emergency Squad, Inc.

P.O. Box 215 * 360 Prospect Street

Phillipsburg, NJ 08865-0215

Emergency Phone: 911

TEL: (908) 859-5218 FAX: (908) 859-2655

<http://www.Pburg94rescue.org>

APPLICATION INSTRUCTIONS:

Read these instructions carefully before thoroughly completing this application.

1. This application must be completed by the applicant.
2. It should be typed or printed legibly in ink.
3. All questions should be answered as completely as possible, or your application will be automatically disqualified.
4. If a question does not apply to you, indicate by entering "N/A".
5. Any misstatement of fact, omissions or attempt to mislead this agency, either deliberate or in error, may lead to your disqualification or termination at any time.
6. All information contained in this application is confidential and may be shared with the hiring committee.
7. If you have any questions regarding the application, background check, or the application process, please contact us at applications@pburg94rescue.org or call us at (908) 859-5218.
8. Phillipsburg Emergency Squad Inc. is an equal opportunity employer that does not discriminate in hiring or employment on the basis of age, race, color, religion, creed, sex, marital status, national origin, ancestry, place of birth, sexual orientation, disability or disabled veteran status or any other legally protected category under federal, state or local agencies.
9. This application is not an employment contract as Phillipsburg Emergency Squad Inc. is an at-will employer. This means that PES or its employees can end the employment relationship at any time, without notice or cause, and for any reason not prohibited by law.

Thank you,
PES Hiring Committee



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APPLICATION FOR EMPLOYMENT

Please indicate which you are applying for: ___ Part Time EMT-B ___ Per-Diem EMT-B ___ Volunteer

Last Name: _____ First Name: _____ MI/Suffix ____/____

Address: _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone (____) _____ Other (____) _____

Date of Birth: _____ Social Security #: _____ - _____ - _____ Email: _____

Note: All applicants are required to submit to a criminal and motor vehicle check:

Driver License Information: State _____ DL#: _____ Expiration: _____

DL History: Any Suspensions or Revocations: No/Yes – explain _____

Criminal History: Ever been arrested: No/Yes – explain _____

Convicted of a crime: No/Yes – explain _____

If you need additional space, please use a blank paper or use the back. Be specific, include dates and reason ...

Employment History

Employer (current or most recent): _____ From: _____ To: _____

Address: _____ Position: _____

Contact Name: _____ Telephone #: (____) ____-_____

Employer: _____ From: _____ To: _____

Address: _____ Position: _____

Contact Name: _____ Telephone #: (____) ____-_____

Employer: _____ From: _____ To: _____

Address: _____ Position: _____

Contact Name: _____ Telephone #: (____) ____-_____

Educational History

High School: _____ City/State: _____

Did you graduate? Yes / No Year: _____ If No, Do you have a GED? Yes / No

College/Graduate School: Please list School(s) attended, address, years attended, degree or certification received:

EMT-B and Additional EMS Training: Please provide copies of cards

Course Site: _____ Date Completed: _____ Expiration Date: _____

CPR Training: Provider: _____ Expiration Date: _____

List other certifications or classes you have completed: _____

Do you now, or have you ever been a member of a paid or volunteer emergency service (EMS, Rescue, Fire)? Yes / No

If yes, please list the organizations and dates of membership and/or employment. _____

References:

Please list three personal or professional references, not relatives, which you have known for at least 1 year.

Name	Address	Phone number	# years
1.			
2.			
3.			

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; misstatement of fact, omissions or attempts to mislead the agency, either deliberate or in error, may lead to disqualification or termination at any time.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the agency has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized agency representative.

I further authorize a full background check.

Signature

Date