

Cumberland Goodwill EMS Application for Employment

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

Cumberland Goodwill Emergency Medical Services Application Checklist

The following checklist must be complete prior to consideration begin given to your application for employment.

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

- _____ Current Resume and Cumberland Goodwill Application
- _____ Copy of High School Diploma/College Diploma or General Education Development Certificate (GED)
- _____ Copy of current state EMT certification
- _____ Copy of current drivers license
- _____ Copy of Social Security Card
- _____ Copy of current Healthcare Provider Card
- _____ Copy of EVOC certificate (emergency vehicle drivers training)
- _____ Copy of current Hazardous Materials operations level training certificate

Optional items:

- _____ Copy of BTLS/PHTLS certification
- _____ Copies of any other pertinent EMS certifications
- _____ Copies of any Fire/Rescue certifications

Once all required items are received, you will be schedule for an interview where you will be given tests consisting of written and skill evaluations.

Please address all written correspondence to:

Cumberland Goodwill EMS
Attn: EMS Chief
P.O. Box 496
Carlisle, PA 17013

Cumberland Goodwill Fire Rescue EMS EMS Division

Application for Employment

The Cumberland Goodwill Fire Rescue EMS 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 Information:

| | | | |
|-------------------|----------------------------|------------------|-------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Middle Initial | |
| _____ | _____ | _____ | _____ |
| Address | City | State | Zip |
| _____ | _____ | _____ | _____ |
| Social Security # | Drivers' License # & State | State EMS cert # | |
| _____ | _____ | _____ | _____ |
| Telephone (Home) | Pager or Cell Phone | Email address | |

Position Applied for:

_____ Full time _____ Part Time

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: _____

Have you ever been employed or applied for a job with Cumberland Goodwill before?

Yes () No ()

If 'Yes' give reason for leaving _____

Educational History

1. _____
High School Name Address

Course of study

Number of years completed 1 2 3 4

Graduated () Yes () No _____
Diploma/Degree

2. _____
College Name Address

Course of study

Number of years completed 1 2 3 4

Graduated () Yes () No _____
Diploma/Degree

3. _____
Other Name Address

Course of study

Number of years completed 1 2 3 4

Graduated () Yes () No _____
Diploma/Degree

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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 numbers, 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

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Other Employment History:

Please list all current or previous employers not included in the above list of emergency services agency affiliations starting with the most recent. Be sure to provide as much detail as possible regarding contact information for these employers. Please account for any periods of unemployment longer than six months. Attach additional pages if necessary to account for the last five years.

| | | | |
|----|----------------------|----------------------------|--------------------|
| 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 |

Please read and sign each statement below.

I hereby authorize Cumberland Goodwill Fire Rescue EMS inc. and its subsidiaries to conduct a full investigation into my employment history. I release Cumberland Goodwill Fire Rescue EMS, its subsidiaries from all liability or responsibility for damages of any nature which may arise at any time, including all companies, corporation and/or individuals supplying information that may be used to determine my qualifications for employment.

Signature: _____ Date: _____

I affirm that the facts set forth in my application for employment are true and complete. I understand that, if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way, for any reason. No one other and an officer of the company has any authority to make any agreement contrary to the foregoing and only in writing signed by that officer.

Signature: _____ Date: _____