



1012 7<sup>th</sup> Ave, Altoona, PA 16602

Phone (814) 943-8993

Fax (814) 943-7199

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

The AMED Authority is an equal opportunity employer. Federal and State laws prohibit discrimination in employment practices because of race, color, religion, handicap, disability, sex or national origin. No questions on this application are asked for the purpose of limiting or excluding any applicant's consideration for employment (because of his or her race, color, religion, age, handicap, disability, sex or national origin).

## PERSONAL INFORMATION

NAME:

Last

First

Middle Initial

ADDRESS:

Street

City

State

Zip

PHONE: ( ) - ( ) -

Home

Alternate

Social Security Number

Drivers License#

State:

Expiration Date:

If less than 18 years of age, indicate age:

Referred by:

Are you either a U.S. Citizen or alien who has the legal right to remain and work in the U.S.? Yes No (You will be required to furnish documents proving identity and eligibility to work in the U.S. if you are extended a job offer).

## POSITION(S) OF INTEREST

Indicate preferences by circling the appropriate choice.

**POSITION: (please circle only one)**

Paramedic

EMT-ambulance

PHRN

EMT - Van

Non-Medical Van Transport

Clerical

**PREFERENCE:**

Full Time

Casual

Temporary

**SHIFT:**

Daylight

Evening

Night

All

When would you be available to start work? \_\_\_\_\_

## General Information

Have you previously worked at an AMED Facility? Yes No If yes, when and where?

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Have you ever been convicted of or plead guilty to a felony offense? Yes No If yes, explain:

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Have you had any traffic citations or vehicle accidents in the past three (3) years? Yes No If yes, explain:

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Is there any type of work which your physical or mental condition prohibits, even with special efforts by you or with accommodations? Yes No If yes, explain:

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## Education Information

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High School:

Location:

Course of Study:

Year Graduated? Diploma/GED: Yes

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Vocation or Business School:

Location:

Course of Study:

Year Graduated: Certificate Diploma Other Degree

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College:

Location:

Course of Study:

Year Graduated: Years Completed 1 2 3 4 5 Degree?:

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Other:

Location:

Course of Study:

Year Graduated: Certificate Diploma Other Degree

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List any special skills acquired or equipment operated:

Honors received, volunteer or community service, or other qualifications you have which you feel are related to the position for which you are applying:

**Profession Licensure Information**

Type	State Issued	License #	Expiration

Area of specialization or major interest. \_\_\_\_\_

Is there any military experience pertinent to the position for which you have applied?

Yes No If yes, explain:

**Employment History**

Current or last position held:

Name of Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Position Held: \_\_\_\_\_ Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your employer: Yes No If no, explain: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Position Held: \_\_\_\_\_ Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your employer: Yes No If no, explain: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Position Held: \_\_\_\_\_ Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your employer: Yes No If no, explain: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Position Held: \_\_\_\_\_ Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your employer: Yes No If no, explain: \_\_\_\_\_

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If any of the above employers were under another name please indicate by stating the name and which past employers: \_\_\_\_\_

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### Miscellaneous

Were you given a copy of the job description for this position and are you able to meet the requirements of this description? Yes No

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

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All information contained in this application is true and accurate to the best of my knowledge and if found to be false or inaccurate is justification for immediate dismissal.

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

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If you are offered employment you will be required to submit to a physical exam performed by a physician of AMED's choice. Continued employment will be contingent upon the final results of exam.

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



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**REFERENCE AUTHORIZATION AND INQUIRY**

Copies deemed as valid as originals

Applicant: Please print your name and social security number on the lines provided below and sign your name below the authorization.

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Note: If previous employment is under another name, please print the name below.

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Authorization: I hereby authorize AMED Authority to contact any schools, former places of employment and/or persons who may aid AMED Authority in determining my suitability for employment. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing this requested information.

\_\_\_\_\_  
*Applicants Signature* \_\_\_\_\_  
*Date*

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AMED Authority will send a copy of this form to your previous employers and/or persons authorized for them to complete and return to AMED Authority.

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***Applicant: Do Not Write Below This Double Line***

***Employer: Please complete the information requested below.***

Name of Firm: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Position Held: \_\_\_\_\_

Date Terminated: \_\_\_\_\_ Reason: \_\_\_\_\_

- Was the applicant considered to be a good employee? Yes No
- Was the applicant's attendance satisfactory? Yes No Abused sick time? Yes No
- Did applicant progress in his/her position with you? Yes No
- Was applicant's attitude toward fellow employees acceptable? Yes No
- Was applicant's attitude towards supervisors acceptable? Yes No
- Would you consider applicant eligible for rehire? Yes No

Please explain any no answers:

Signature of person completing form \_\_\_\_\_ Title \_\_\_\_\_

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



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## **CONDITIONS OF EMPLOYMENT**

Employment is dependant upon receipt of satisfactory references and successfully passing a physical examination to insure that you are fully capable of performing the required work. Applicants who are offered employment may be required to submit to drug and alcohol testing at a time and place selected by AMED.

### Please read and sign the following statement

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant AMED permission to verify statements and past employment as documented in this application. False information may be considered sufficient cause for rejection of this application or for dismissal if such information is discovered after the offer of employment is made. I authorize the former and present employers, schools, or persons named herein to give any information regarding my previous employment, character, general reputation and personal characteristics, together with any information they have regarding me that is in their personnel records. I also release AMED from any liability in performing their investigation of the information that is included in this application, and in releasing requested information to subsequent potential employers. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by the AMED Authority of the nature and scope of any investigation requested by AMED of a consumer-reporting agency. If this application for employment is denied wholly or partly based on information contained in a consumer report from a consumer-reporting agency, the applicant understands that AMED shall advise him/her, and shall supply the name and address of the consumer reporting agency from which the report was received.

I hereby release said agency, employers, schools or persons from all liability for any damage for issuing information. In addition, if I am accepted for employment, I hereby agree to abide by the rules, policies and regulations of AMED. I agree that if I be given employment on any basis, either in the position applied for or in any other, now or in the future, AMED may terminate my services without liability to me for salary or wages, except such as may have been earned up to the date of termination of services.

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