



VOLUNTEER MEDICAL SERVICE CORPS OF LANSDALE

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME _____ Social Security Number _____ Today's Date _____

Street Address _____ City, State, ZIP _____ Date of Birth (for criminal history check) _____

Phone # _____ Pager # _____ Cell # _____ Email Address _____

Are you prevented from lawfully becoming employed in the United State because of visa or immigration status? YES NO

Are you at least 18 years of age or older? YES NO

Position for which you are applying: EMT EMT-P Wheelchair Van Driver Dispatcher Other _____

Date available to start: _____ Ever applied to the VMSC of Lansdale before, and if so, when: _____

EDUCATION

Please mark "N/A" where applicable.

CERTIFICATION	WHERE OBTAINED	DATE	FOR EMPLOYER USE ONLY
CPR*			Cert received: Y N Verified? Y N
EVOC*			Cert received: Y N Verified? Y N
EMT or EMT-P*			Cert received: Y N Verified? Y N
ACLS*			Cert received: Y N Verified? Y N
PHTLS			Cert received: Y N Verified? Y N
PALS			Cert received: Y N Verified? Y N
Other:			
Other:			

* Current certification required for field staff employment by the VMSC of Lansdale; ACLS only in case of ALS providers

For all field staff applicants:

Have you ever had your certification or (for ALS providers) medical command authorization revoked or suspended?

Yes No

If yes, explain: _____

Are you current with your PA continuing education requirements? Yes No

(i.e: 18 CEU's annually for ALS providers, or 24 CEU's triennially for BLS providers)

Have you ever been convicted of a crime?

Yes No

If yes, explain: _____

DRIVING RECORD

(unfavorable responses do not necessarily preclude you from employment)

Do you hold a current Pennsylvania Driver's License? Yes No Operators Number: _____

Have you been involved in any motor vehicle accidents while driving in the past three years? Yes No

Do you have any restrictions on your driver's license at present? Yes No

Have you been convicted of any moving violations during the past three years? Yes No

(note: a moving violation includes, but is not limited to, a speeding ticket, even if paid)

REFERENCES

Please give the names of three persons not related to you whom you have known for at least one year.

Name	Contact Information	Relationship	Years Acquainted

FORMER/CURRENT EMPLOYMENT

Date (Month & Year)	EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

I hereby state that all information provided by me to the Volunteer Medical Service Corps of Lansdale ("Company"), in any form, is, to the best of my knowledge, true, correct and complete. I also understand that any known misrepresentation made by me to the Company will exclude me from further consideration as a candidate for employment or advancement, and may result in termination of my employment with the Company if I am hired and or advanced by the Company before such misrepresentation is identified. I hereby fully release the Company, and any and all of its employees, directors, agents, successor and assigns, and any contributing parties or sources from whom any information is obtained, from any and all claims, actions or liability whatsoever which is in any way related to this or any subsequent investigation of my personal history. I understand that, in accordance with Title 28, Part VII, §1003.27(b) of the Pennsylvania Code, I am required to report to the Pennsylvania Department of Health, within 30 day of occurrence, a misdemeanor or felony conviction, or a revocation, suspension or other disciplinary sanction of a certificate or other authorization to practice a health care profession or occupation. I understand that failure to do so may cause immediate termination from the Company. I understand that acceptance of any offer or employment does not create a contractual obligation to the Company to continue to employ me in the future, and that my employment is "at-will", for no definite period, and may be terminated at any time either by myself or the Company without previous notice and without cause.

Signature _____ Date _____
(Applicant)

Print Name _____



VOLUNTEER MEDICAL SERVICE CORPS OF LANSDALE

AFFIRMATIVE ACTION • Self-Identification Form

Completion of this form is voluntary and is not part of the application process.

We ask all applicants to complete this section to assist us in complying with federal equal opportunity reporting requirements. All applicants for employment will be considered without regard to race, religion, color, national origin, sex, age, sexual orientation, disability, or veteran status. Data is used only for statistical purposes that are occasionally furnished, upon request, to federal, state, and local authorities.

THIS INFORMATION IS BEING REQUESTED ON A STRICTLY VOLUNTARY BASIS AND REFUSAL TO SUPPLY IT WILL NOT AFFECT YOUR PROSPECTS FOR EMPLOYMENT WITH THE VOLUNTEER MEDICAL SERVICE CORPS OF LANSDALE.

Date: _____

Name: _____ Address: _____

Please check appropriate boxes:

GENDER:

- Male Female

RACE/ETHNICITY:

(if more than one category is applicable, please check the **one** with which you most closely identify)

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. With regard to persons from Central and South America, only those persons from countries who are of Spanish origin, descent, or culture should be included in this category. Consequently persons from Brazil, Guyana, Surinam, or Trinidad, for example, would be classified according to their race and would not necessarily be included in the Hispanic category. In addition, this category does not include persons from Portugal, who should be classified according to race.

Native American or Alaskan Native

A person with origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Asian/Pacific Islander/Native Hawaiian

A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, Hawaii, Guam, Samoa, or Pacific Islands.

Black or African American

A person with origins in any of the black racial groups of Africa.

White

A person with origins in any of the original peoples of Europe, the Middle East, or North Africa.

VETERAN STATUS:

VIETNAM ERA VETERAN

Are you a Veteran of the Vietnam Era?

A veteran of the Vietnam era is defined as a veteran who served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases; or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed: (1) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (2) between August 5, 1964 and May 7, 1975, in all other areas.

Yes No If Yes, dates of service: _____

OTHER VETERAN

Are you a veteran?

A veteran is defined as any person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Yes No If Yes, dates of service: _____

AUTHORIZATION, WAIVER AND RELEASE OF LIABILITY FOR EMPLOYMENT RELATED INVESTIGATIONS & AT-WILL EMPLOYMENT STATEMENT

In applying for employment with the Volunteer Medical Service Corps of Lansdale ("Company"), I hereby authorize the Company, and/or any designated agent including any consumer reporting agency in the Company's behalf, to conduct any desired background investigation of my personal history as allowed by law, and to obtain and review any criminal and civil court findings, consumer credit report, to investigate any action related to employment, and/or any investigative consumer report in conjunction with said investigation.

I understand the nature and scope of said inquiries may include, but is not limited to, verification, inspection and/or reporting of any lawfully available records or information pertaining to work history; education; worker's compensation claims, criminal and civil court related actions; driving history (including traffic related offenses); personal financial status including consumer credit reports; and, any other information available from any public or otherwise documented record, and/or from any past or present business, professional or personal associates, pertaining to, but not limited to, my work history, character, ethics, mode of living, and general reputation.

I authorize all my former employers, school officials, instructors, credit bureaus, local, state, and federal authorities, or other persons named herein as references, and other persons with information regarding my qualifications to give the Company, or its agents, any oral or written information they have regarding me. I understand that information obtained by the Company may include details about my background, mode of living, personal characteristics, character, and personal reputation. I also understand that as a condition of being considered for employment I may be requested to authorize the release of information to the Company and I will provide this authorization upon request. I understand that the Company may deny me employment or terminate my employment if it receives information that it considers unfavorable.

It is my understanding the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation, and that before any adverse action is taken based upon review of any consumer credit report and/or investigative consumer report, I will be provided with a copy of said report as well as a summary of consumer's rights.

I hereby fully release the Company, and any and all of its employees, directors, agents, successor and assigns, and any contributing parties or sources from whom any information is obtained, from any and all claims, actions or liability whatsoever which is in any way related to this or any subsequent investigation of my personal history.

I hereby state that all information provided by me to the Company, in any form, is, to the best of my knowledge, true, correct and complete. I also understand that any known misrepresentation made by me to the Company will exclude me from further consideration as a candidate for employment or advancement, and may result in termination of my employment with the Company if I am hired and or advanced by the Company before such misrepresentation is identified.

I understand that, in accordance with Title 28, Part VII, §1003.27(b) of the Pennsylvania Code, I am required to report to the Pennsylvania Department of Health, within 30 day of occurrence, a misdemeanor or felony conviction, or a revocation, suspension or other disciplinary sanction of a certificate or other authorization to practice a health care profession or occupation. I understand that failure to do so may cause immediate termination from the Company.

I understand that acceptance of any offer or employment does not create a contractual obligation to the Company to continue to employ me in the future, and that my employment is "at-will", for no definite period, and may be terminated at any time either by myself or the Company without previous notice and without cause. I intend that a facsimile or copy of this Authorization and Release shall be as valid as the original.

I have read this consent and release and understand all of its terms. I sign it voluntarily with full understanding of its significance.

Signature _____ Date _____
(Applicant)

Print Name _____

Received by the Company:
Signature _____ Date _____

Name and Title _____