WOODLAND HILLS

EMERGENCY MEDICAL SERVICE

APPLICATION FOR EMPLOYMENT

WOODLAND HILLS EMERGENCY MEDICAL SERVICE (WHEMS) IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BASED ON ANY LEGALLY QUALIFYING FACTOR. WHEMS EMBRACES A PHILOSOPHY OF DIVERSITY AND PROVIDES OPPORTUNITIES FOR EMPLOYEES TO EXCEL IN AN ATMOSPHERE THAT EXPECTS EMPLOYEES TO PROVIDE THE BEST IN PRE-HOSPITAL EMERGENCY MEDICAL CARE TO OUR PATIENTS.

INSTRUCTION TO APPLICANTS

COMPLETE ALL SECTIONS THOROUGHLY.

SUBMIT A CURRENT RESUME IN ADDITION TO THIS APPLICATION.

SUBMIT COPIES OF ALL CERTIFICATIONS CLAIMED.

YOU MUST PROVIDE AT LEAST TWO (2) PROFESSIONAL REFERENCES FROM RECENT EMPLOYERS, INCLUDING YOUR LAST, OR CURRENT, EMPLOYER. YOU MAY PROVIDE AN ADDITIONAL TWO (2) PERSONAL REFERENCES. YOUR REFERENCES WILL BE CONTACTED, AND YOU MUST SIGN A DISCLOSURE RELEASE AUTHORIZATION.

ANY APPLICANT WITH A CRIMINAL HISTORY (SUMMARY, MISDEMEANOR, FELONY, OR ANY OTHER, IN ANY JURISDICTION) MUST BE CLEARED WITH THE PA DEPARTMENT OF HEALTH PRIOR TO APPLYING FOR EMPLOYMENT. PROOF OF THIS CLEARANCE IS REQUIRED. YOUR CRIMINAL AND TRAFFIC HISTORY WILL BE CHECKED.

DATE	POSITION APPLIED FOR	DATE AVAILABLE FOR WORK

LAST NAME		FIRST	MIDDLE
ADDRESS	STREET ADDRESS & APT NUMBER		
	CITY	STATE	ZIP
CONTACT INFORMATION	HOME PHONE	CELL PHONE	E-MAIL ADDRESS

Are you a United States citizen?	YES_____	NO_____	
Are you legally entitled to be employed based on immigration or Visa status?	YES_____	NO_____	N/A_____
If you are under 18, do you have proof of eligibility to work?	YES_____	NO_____	N/A_____
Have you applied for a position with Woodland Hills EMS before?	YES_____	NO_____	
Are you a former employee of Woodland Hills EMS?	YES_____	NO_____	
Are you currently employed?	YES_____	NO_____	
May we contact your current employer?	YES_____	NO_____	
Are you currently on "laid-off" status and subject to recall?	YES_____	NO_____	

SOCIAL SECURITY NUMBER	
1. PURPOSE: Used to identify applicant and conduct research to verify application information provided, including work history, criminal history, credit history or other information as felt necessary to verify suitability for employment 2. ROUTINE USES: Upon employment, used for payroll & benefits distribution 3. DISCLOSURES: Voluntary, however, if the information is not provided, application action may be significantly delayed. Applicant may not be hired if required information is not otherwise ascertainable	

Have you ever been convicted of a criminal offense? Include any summary, misdemeanor and felony convictions. In the information section, list if you are currently on probation, parole, or subject to any residual court mandated reporting or other requirements.	DATE	CRIME, LEVEL (Felony, Misdemeanor, Summary), COURT, PENALTY

Have you informed the appropriate Commonwealth of Pennsylvania agency of any criminal convictions, and received a waiver or other authorization to continue serving in a certified or licensed medical capacity? YES_____ NO_____

INFORMATION:

List all traffic law offenses incurred for which you were found or pled guilty within the last 5 years, under any jurisdiction, including any outside of the Commonwealth of Pennsylvania	DATE	OFFENSE & PENALTY

Are you licensed to drive in Pennsylvania? YES_____ NO_____ License #_____

Are you subject to any driving restrictions? YES_____ NO_____

Have you completed and are you currently certified in the Emergency Vehicle Operator Course (EVOC)? YES_____ NO_____

EDUCATION	LEVEL	DATES ATTENDED	NAME OF SCHOOL AND LOCATION	DEGREE AWARDED	EXPIRATION
	High School				
	College				
	Post Graduate Education				
	EMS School				
	EMS School				
	Certification				
	Certification				
	Certification				
	Certification				
	Certification				
	Certification				
	Certification				
	Certification				

EMPLOYMENT HISTORY	POSITION	CURRENT EMPLOYEE (YES/NO) OR REASON FOR LEAVING	NAME OF EMPLOYER ADDRESS, SUPERVISOR NAME PHONE NUMBER	FROM	TO

REFERENCES	NAME	ADDRESS PHONE NUMBER	HOW LONG KNOWN	TYPE
				WORK
				WORK
				PERSONAL
				PERSONAL

Are you currently filing, or have you ever before filed for, bankruptcy? YES_____ NO_____

Are you a habitual drinker, or an alcohol, prescription or illegal drug, user or abuser? YES_____ NO_____

Are you capable of performing, with or without a reasonable accommodation, the necessary requirements of the position for which you are applying? YES_____ NO_____

APPLICANTS STATEMENT AND WAIVER

By my signature below:

I certify that the information provided in this application for employment for Woodland Hills EMS is fully true and complete to the best of my knowledge. I understand that any false or misleading information may lead to non-selection or later termination if discovered.

I have disclosed to the best of my ability all information including, but not restricted to, identity and residence, contact information, certifications and licensures, education, work history, criminal and traffic offenses, credit information, and references, including information which may potentially be deemed detrimental. I hereby waive and release any right to non-disclosure, and fully authorize all references given to disclose any information, whether positive or negative, on my behalf and concerning my past behavior and actions. I specifically release and hold harmless such corporations, companies, their agents or other persons from any and all liabilities arising out of any investigation Woodland Hills EMS and its agents undertake arising from this application.

I hereby acknowledge that, if employed by Woodland Hills EMS, I will be at all times an "at will" employee and subject to termination or discharge at any time with or without cause.

I acknowledge that I am subject to the rules and regulations of the employer in all matters in which they hold authority, and that I will abide by the same.

_____ _____

Applicant **Date**

_____ _____

Witness **Date**

WHEMS CHECKLIST

IDENTITY VERIFIED: YES_____ NO_____

CERTIFICATIONS/LICENSURES VERIFIED: YES_____ NO_____

EMPLOYMENT HISTORY VERIFIED: YES_____ NO_____

ALL REFERENCES CHECKED: YES_____ NO_____

CRIMINAL AND TRAFFIC CHECK COMPLETED: YES_____ NO_____

CREDIT CHECK ACCOMPLISHED: YES_____ NO_____

REFERRED TO EMPLOYMENT SUBCOMMITTEE: YES_____ NO_____

_____ _____

MANAGER SIGNATURE **DATE**

HIRED: YES_____ NO_____ START DATE_____

EMPLOYEE HANDBOOK PROVIDED: YES_____ NO_____