



# Application for Employment

**Mont Alto Ambulance Association**  
**603 South Main Street/PO Box 327**  
**Mont Alto, PA 17237**  
**(717) 749-3453**

Mont Alto Ambulance Association is an Equal Opportunity Employer and does not discriminate based on age, race, color, creed, religion, sex, national origin, ancestry, or physical or mental handicap. Mont Alto Ambulance Association will reasonably accommodate an individual's disability during both application process and on the job.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Are there any hours that you would not be available to work? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Are you willing to work weekends? Yes \_\_\_\_\_ No \_\_\_\_\_ Date you are available to start: \_\_\_\_\_

Have you ever worked at the Mont Alto Ambulance Association before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list dates of employment and reason for leaving: \_\_\_\_\_

Do you know anyone currently employed at Mont Alto EMS? \_\_\_\_\_

## Citizenship

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have the legal right to work and remain in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been a resident of the Commonwealth of Pennsylvania for the entire two years (without interruption) immediately preceding the date of this application? Yes \_\_\_\_\_ No \_\_\_\_\_

## Statement of Health

Do you have any physical impairment which would interfere with your ability to perform the essential functions of the job for which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the impairment(s) and any specific work limitations: \_\_\_\_\_

Do you have any Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Have you had a Hepatitis B vaccination? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date: \_\_\_\_\_

## Employment History

Beginning with the most recent employment, give a complete record of all employment and reasons for periods of unemployment during the past ten years.

Employer's Name: \_\_\_\_\_ Salary: \_\_\_\_\_

Date of Hire \_\_\_\_\_ TO \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Duties: \_\_\_\_\_

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

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Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Duties: \_\_\_\_\_

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

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Employer's Name: \_\_\_\_\_ Salary: \_\_\_\_\_  
Date of Hire \_\_\_\_\_ TO \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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### **US Military Service**

Service Branch: \_\_\_\_\_ Final Rank: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_  
List all related skills or experience: \_\_\_\_\_

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### **Background Check**

In accordance with the Mont Alto Ambulance Association Policy Manual, all candidates for employment that will perform a public service or care for individuals are required to submit a criminal history report, a drug/alcohol test, and a current PA driver's license. The Mont Alto Ambulance Association requires all employment candidates to answer the following questions:

1. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever been dismissed from employment due to abuse of clients or residents?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. In the last 2 years, have you been convicted of any traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you ever been discharged from a job? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answer "yes" to any questions above (1-4), please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education and Experience

Name and address of school or institution and highest grade, certification, or degree obtained.

Last Elementary School: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College or University: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Technical/Vocational School: \_\_\_\_\_

Area of Study: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

List other experience, training, or membership in any professional organization or group which would have a direct bearing on your qualification for the position you are seeking: \_\_\_\_\_

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Professional Licenses, Registrations and/or Certifications:

Type	State	Date	Number
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### References:

Name	Address	Phone	Years Known
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Affidavit**  
*(Read before signing)*

I certify that the answers given by me to the forgoing questions and statements are true and correct without omissions of any kind whatsoever. I understand that the Mont Alto Ambulance Association may terminate my employment due to the falsity of statements, answers or omissions made by me in this questionnaire. I authorize the hospitals, companies, schools or persons named above to give information regarding my employment, together with any other information that they may have regarding whether or not it is in my records. I hereby release said hospitals, companies, schools, or persons from all liability for any damage for this information. I also understand that an offer of employment will be conditioned on the results of a medical examination and a substance abuse screening. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of the Mont Alto Ambulance Association.

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

**Reference Release Information**

In connection with my employment application now on file with the Mont Alto Ambulance Association of Pennsylvania, I hereby authorize that you complete its form regarding my employment with you. I specifically request that you also include any adverse information concerning my work experience with you. I hereby release and agree to hold you harmless from any and all liabilities of any kind and nature in connection with your furnishing this information to the Mont Alto Ambulance Association.

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

**Pre-Employment Inquiry Release**

In connection with my application for employment with the Mont Alto Ambulance Association, I understand that investigative background inquiries are to be made on myself including criminal, driving, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Furthermore, I understand that the Mont Alto Ambulance Association will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claims involved in the files of insurance companies. I hereby authorize, without reservation, any party or agency contacted by the Mont Alto Ambulance Association to furnish the above mentioned information.

Print Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PA Driver's License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

**For Official Use Only**

Efforts to Contact:

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

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

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

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

Interview Scheduled:

Date \_\_\_\_\_

Time: \_\_\_\_\_ am / pm

Employment Offered: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Position: \_\_\_\_\_

Full-Time \_\_\_\_\_

Part-Time \_\_\_\_\_

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

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