PLEASE READ CAREFULLY

 I certify that the information in this application is correct and complete to the best of my knowledge and I understand that falsifications, misrepresentations or omissions are grounds for dismissal or rejection of this application and/or from employment. I

 I authorize Sharpsburg EMS to conduct work history, reference and police record inquiries as it deems appropriate. If hired, I understand that as a part of the background investigation, I may be fingerprinted. Continued employment may be contingent upon the results of the investigation.

 I authorize all references listed inthis application to give Sharpsburg EMS any and all information that they may have concerning me, my prior job applications and my work history; and I do herby release and hold harmless, all such references and the Sharpsburg EMS from liability for any damage that I may claim with respect to any aspect of my work application and employment.

 In consideration of my employment, I agree to conform to the rules and Regulations of Sharpsburg EMS, if accepted for employment. I agree to rotate shifts (technicians only) as required when necessary. I understand that all employees must serve a one (1) year probationary period which begins at date of employment.

 I also understand and agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either Sharpsburg EMS or myself and with or without notice or liability for wages or salary except such earned at date of termination. I understand that no representative of management, other than the Board of Directors, or their designated representative has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the above.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employment applicant’s signature required:**

 UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMNET, ROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING $100”

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

**Employment applicant’s signature required:**

"In conformity with applicable laws, Sharpsburg EMS does not discriminate on account of race, color, creed, religion, age, sexual orientation, marital status, national origin or physical or mental disability. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. The designer of this form assumes no responsibility and herby disclaims any liability for inclusions in this form, of any question upon which a violation of state and federal fair employment practice laws may be based"

**EMPLOYMENT DRUG TESTING, PHYSICAL AND CRIMINAL BACKGROUND CHECKS ARE REQUIRED.**

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

**Employment applicant’s signature required:**

***Sharpsburg Area Emergency Medical Service***

Membership and Employment Application

110 ½ West Chapline Street Phone (301) 432-5348

Sharpsburg, MD 21782 Fax (301) 432-6456

Check one: \_\_\_\_Active Membership \_\_\_\_Associate Membership \_\_\_\_Employment

**APPLICATION INFORMATION**

|  |
| --- |
| NAME: |
| ADDRESS: |
| CITY: | STATE: | ZIP CODE: |
| BIRTH DATE: | SSN: | PHONE: |
| SEX: |  |  |  |  |  |  |
| E-MAIL ADDRESS: |

|  |  |  |  |
| --- | --- | --- | --- |
| DRIVERS LICENSE NUMBER: | CLASS: | STATE OF ISSUE: | EXPIRATION DATE: |

Have you ever been arrested and/or convicted or received probation before judgment for any misdemeanor, felony or motor vehicle violation, other than parking tickets? \_\_\_\_YES \_\_\_\_NO If yes, please explain on the back side of this form.

Do you currently have any active motor vehicle “points” on your driving record? \_\_\_\_YES \_\_\_\_NO If yes, how many?\_\_\_\_\_.

Do you have any physical limitations that preclude you from performing any work for which you are being

considered? \_\_\_\_YES \_\_\_\_NO

Are you willing to take a physical examination? \_\_\_\_YES \_\_\_\_NO

Are you willing to undergo and alcohol and/or drug test? \_\_\_\_YES \_\_\_\_NO

**IN CASE OF AN EMERGENCY NOTIFY**

|  |
| --- |
| Name: |
| Address: | Telephone (Home) | Telephone (Work) |
| Employer | Relationship to you: |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **LOCATION** | **NAME** | **YEARS COMPLETED** | **DIPLOMA/DEGREE** |
| GRAMMAR SCHOOL |  |  |  |
| HIGH SCHOOL |  |  |  |
| COLLEGE/UNIVERSITY |  |  |  |
| VOCATIONAL SCHOOL |  |  |  |
| TECHNICAL SCHOOL |  |  |  |
| **MFRI/SPECIALIZED TRAINING:** |
|  |
|   |

***Attach additional pages as necessary:***

What Foreign languages do you speak fluently?

If you did not graduate from high school, have you passed and received a high school equivalency certificate from

Maryland or any other state? \_\_\_\_YES \_\_\_\_NO

Name of State granting certificate of equivalency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date of Issuance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Veteran? \_\_\_\_YES \_\_\_\_NO

Are you a member of the Reserves or National Guard? \_\_\_\_YES \_\_\_\_NO

|  |  |  |  |
| --- | --- | --- | --- |
| **BRANCH OF SERVICE** | **FROME - TO** | **RANK** | **OCCUPATION** |
|  |  |  |  |
|  |  |  |  |

1

**EMPLOYMENT HISTORY (List present or most recent positions first)**

|  |  |
| --- | --- |
| Name of Employer: | Address: |
| Type of Business: | Department: | Your Position: |
| Job Description: |
| Name and Position of Immediate Supervisor: |
| Date Hired (M/D/Y) | Date Left (M/D/Y) | Hours/Week | Hours/Week |
| If not Still employed, Reason for leaving: |

2

|  |  |
| --- | --- |
| Name of Employer: | Address: |
| Type of Business: | Department: | Your Position: |
| Job Description: |
| Name and Position of Immediate Supervisor: |
| Date Hired (M/D/Y) | Date Left (M/D/Y) | Hours/Week | Hours/Week |
| If not Still employed, Reason for leaving: |

3

|  |  |
| --- | --- |
| Name of Employer: | Address: |
| Type of Business: | Department: | Your Position: |
| Job Description: |
| Name and Position of Immediate Supervisor: |
| Date Hired (M/D/Y) | Date Left (M/D/Y) | Hours/Week | Hours/Week |
| If not Still employed, Reason for leaving: |

|  |
| --- |
| May we ask your present employer for a reference? \_\_\_\_\_\_YES \_\_\_\_\_\_NO |
| May we conduct an official background on you? \_\_\_\_\_\_YES \_\_\_\_\_\_NO |

**REFERENCES (Please do not list relatives or former employers)**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | OCCUPATION | YRS. ACQUAINTED | PHONE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Whom do you know in Sharpsburg EMS?

|  |
| --- |
| How did you hear about Sharpsburg EMS? |

|  |
| --- |
| **MEDICAL INFORMATION** |
| Family Physician: | Phone: |
| Any other physicians or specialists and phone: |

|  |
| --- |
| List any physical impairments which could affect your performance: |

|  |  |
| --- | --- |
| Are you currently under a doctor’s care?\_\_\_\_YES \_\_\_\_NO | If so, PleaseExplain. |

|  |
| --- |
| Have you ever been refused employment or, discharged from the Armed Forces due to a medical Condition? \_\_YES \_\_NOIf so, please explain. |

|  |  |  |
| --- | --- | --- |
| Have you ever applied for or received benefits or pension because of an accident, extended illness or disability? | YES | NO |
| Do you have any reason to believe that you are not in good health at this time? | YES | NO |
| Do you have any lifting restrictions? | YES | NO |

**RESCUE INFORMATION**

|  |  |
| --- | --- |
| Have you ever applied for membership atSharpsburg EMS? \_\_\_\_YES \_\_\_\_NO | If so, When and why did you leave? |

Have you been, or are you now, a member of another ambulance service, rescue unit or fire department? \_\_\_\_YES \_\_\_\_NO

If so, please list dates of membership and reasons for leaving with name of and address of the Chief Officer.

Have you ever been suspended, rejected or denied membership from any other ambulance service, \_\_\_\_YES \_\_\_\_NO

Rescue unit, or fire department? If so, please explain.

Do you, or have you ever held a certification for any special training relating to emergency care or rescue? \_\_\_\_YES \_\_\_\_NO

If so, please list on the back. Also, please include with this application a copy of any certification cards that you may hold,

Including: CPR, FIRSTAID, EMT-B, CRT-I, EMT-P, NREMT-P, RESCUE or FIRE courses that you may have taken.

We appreciate your interest n Sharpsburg Area Emergency Medical Service. Please feel free to make any additional remarks in the space provided below or attach additional information that would be helpful in evaluating your qualifications.

Additional

Remarks:

**LETTER OF INTENTION (for volunteer applications only)**

In the space provided below, type or print clearly your response to the following question, please feel free to use additional pages.

*What do you hope to accomplish by becoming a volunteer member?*