



Application Packet

Please complete and return to:

Jamey Lavelle
Director
Lower Valley Ambulance Service
1201 Freeport Road
Cheswick, PA 15024
Phone: (724) 274-4155 Ext. 1
Email: director@lowervalleyems.org

Instructions:

- Fill out this resume packet
 - YES/NO questions may be circled.
 - Other questions are "Fill in the blank"
 - For disability accommodation on the application, contact the office.
- Attach your resume
- Attach copies of applicable certifications, licenses, and training.
- Submit to LVAS via e-mail, mail, or in person drop off.

Discrimination Statement

Lower Valley Ambulance Service considers applications for employment/membership without regard to race, color, national origin, ancestry, religion, sex, disability, political belief, military service, citizenship, or any other class protected under national or state law.

Drug Statement

Lower Valley Ambulance Service is a drug free workplace and utilizes drug screening as a condition of pre-employment and ongoing employment

Personal Information

I am applying for:

_____ Full-Time Employment

_____ Part-Time Employment

First Name: _____

Date: _____

Last Name: _____

Middle Name: _____

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Are you at least 18 years of age? YES NO Available state date: _____

How did you find out about this position? _____

Do you have any relatives or friends working here? YES NO

If so, please list: _____

Positional Information

Positions Applying For: _____

Have you ever volunteered or worked for this organization? YES NO

Prior position(s) here: _____

Reason(s) for departing: _____

Certification Information

Certification	Certification Number	Expiration Date	Agency Certifying
CPR			
EMT, AEMT, or Paramedic			
National Registry			
PALS			
ITLS or PHTLS			
CDL			
EVOC/EMSVO			
Other:			

Work Requirements & Information

Can you prove, if hired, that you are eligible to work in the U.S? YES NO

Do you have a valid Driver's License? YES NO

Class: _____ State: _____ Driver's License Number: _____

List all moving violations (convictions), at-fault accidents, and any suspensions or revocations of your driver's license in the last five years:

Have you ever been convicted of a felony or misdemeanor, including a DUI/DWI or similar offense? YES NO

If yes, explain: _____

Note: A conviction is not an automatic disqualifier from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: _____

Employment History

List your last three employers or volunteer activities, starting with the most recent.

I. Employer:

Job Title: _____ Supervisor: _____

Start Date: _____ Contact Number: _____

End Date: _____ Salary: _____

May we contact your employer? YES NO

Job Description (Duties and Responsibilities): _____

II. Employer:

Job Title: _____ Supervisor: _____

Start Date: _____ Contact Number: _____

End Date: _____ Salary: _____

May we contact your employer? YES NO

Job Description (Duties and Responsibilities): _____

III. Employer:

Job Title: _____ **Supervisor:** _____

Start Date: _____ **Contact Number:** _____

End Date: _____ **Salary:** _____

May we contact your employer? YES NO

Job Description (Duties and Responsibilities): _____

MILITARY HISTORY:

BRANCH:	DATE BEGAN:	DATE DISCHARGED:	RANK:

Explain any gaps in employment: _____

Have you ever been:

- | | | |
|---|-----|----|
| • Disciplined or terminated for reckless driving? | YES | NO |
| • Disciplined or terminated for excessive absenteeism? | YES | NO |
| • Disciplined or terminated for violating established safety rules? | YES | NO |
| • Disciplined or terminated for assault or fighting? | YES | NO |
| • Disciplined or terminated for harassment? | YES | NO |
| • Disciplined or terminated for patient abuse? | YES | NO |
| • Disciplined or terminated for drug related activity? | YES | NO |
| • Had a professional certification be suspended or revoked? | YES | NO |

If you answered 'YES' to any of the above, explain: _____

Note: A 'YES' answer to any of the above is not an automatic disqualifier from employment.

Education & Training

HIGH SCHOOL

Name: _____

Address: _____

Years Completed: _____

Did you graduate? YES NO

If not, years completed: _____

Have you received your GED? YES NO

COLLEGE

Name: _____

Address: _____

Years Completed: _____

Did you graduate? YES NO

If not, years completed: _____

Degree: _____

Major: _____

OTHER COLLEGE

Name: _____

Address: _____

Years Completed: _____

Did you graduate? YES NO

If not, years completed: _____

Degree: _____

Major: _____

TECHNICAL SCHOOL

Name: _____

Address: _____

Years Completed: _____

Did you graduate? YES NO

If not, years completed: _____

Certification: _____

ANY EMS/FIRE SERVICE-RELATED TRAINING NOT LISTED ABOVE:

References

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Relation: _____

Occupation: _____ Years Known: _____

Telephone Number: _____

Have they been notified they're being used as a reference and will be contacted?

YES NO

Name: _____ Relation: _____

Occupation: _____ Years Known: _____

Telephone Number: _____

Have they been notified they're being used as a reference and will be contacted?

YES NO

Name: _____ Relation: _____

Occupation: _____ Years Known: _____

Telephone Number: _____

Have they been notified they're being used as a reference and will be contacted?

YES NO

Acknowledgement

I certify that the information I have given on this application is true, correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if I become an employee of Lower Valley Ambulance Service, herein LVAS. I recognize that the completion of this application does not mean that I will be accepted as an employee and does not obligate LVAS to accept me as an employee. Applications will remain active for six months, after which time re-application will be necessary. If accepted for employment, I agree to abide by all rules, regulations, and policies established by LVAS and its officers and other persons in charge. I understand that, if accepted as an employee, my employment will be "at will" and either I or LVAS, can terminate the employment relationship for any time at any reason and without prior notice, barring any agreement specifying otherwise. This application is not an agreement or contract for employment.

If offered employment and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the duties of employment.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical sample (such as blood or hair) prior to employment and again at any time requested. Specimens will be tested for both legal (prescription) and illegal substances. A positive test for legal substances will require proof of current prescription. I further consent to allow any doctor, hospital, testing laboratory to conduct any medical test or examination as may be required by LVAS as a condition of my employment, and I hereby give my consent to release all of the information which LVAS deems necessary to determine my ability to perform employment duties now or in the future.

I further understand that a refusal to submit to an alcohol or drug test at any time will result in immediate termination of my employment with LVAS.

I hereby authorize LVAS to investigate my employment/volunteer history with former employers and volunteer organizations, and to make any further investigation deemed necessary in connection with my application for employment, including, but not limited to, a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, and FBI background check. I release LVAS from all liability pertaining to these inquiries and waive all rights to see or review the information furnished from these inquiries.

I certify that I am not now, nor have I ever been, excluded from any state or federal healthcare program. I further understand that if it is determined I was so excluded, my employment relationship with LVAS may be terminated.

Applicant's Signature: _____ **Date:** _____

Printed Name: _____