



3608 West 26th Street • Erie, PA 16506

(814) 836-8677 • Fax (814) 836-9747

Position Applied For:
(Check all that apply)

EMT	()	Fulltime	()
Paramedic	()	Part-time	()
Wheelchair Van Driver	()		
Office	()		

Today's Date: _____

How Did You Hear About Us? _____

Application Information

Name (Last, First, MI): _____

Address: _____

City/State/Zip code: _____

Email Address: _____

Telephone Number: _____

Social Security Number: _____

Have you ever applied with us before? : YES () NO ()

Have you ever been employed with us before? : YES () NO ()

Are you currently employed? : YES () NO ()

May we contact your employer for verification? : YES () NO ()

Are you prevented for lawfully becoming employed in
The country because of a Visa or Immigration Status? : YES () NO ()

On what date would you be available to work? : _____

Are you available to work:

(Check all that apply)

FULL TIME ()

PART TIME ()

SHIFTWORK ()

TEMPORARY ()

Are you currently on layoff status and subject to recall: YES () NO ()

Have you ever pled "guilt" to or "no contest" to of

Been convicted of a felony within the last 7 years? : YES () NO ()

If yes, please explain: _____

Education and Skills

High School

Name: _____

Address: _____

Course of Study: _____

Years completed: _____

Diploma/Degree/Cert.: _____

College

Name: _____

Address: _____

Course of Study: _____

Years completed: _____

Diploma/Degree/Cert.: _____

Other

Name: _____

Address: _____

Course of Study: _____

Years completed: _____

Diploma/Degree/Cert.: _____

Foreign Languages

What can you speak? _____

What can you write? _____

What can you read? _____

Describe and specialized training, apprenticeship or skills: _____

Describe and job-related training in the US Military: _____

EMS Skills:	PARAMEDIC	()	CPR	()
	EMT	()	LIFT OF 50 LBS	()
	VALID PA LICENSE	()	TYPING SKILLS	()
	EVOC	()		

Employment Experience

Current or most recent employer:

Address: _____

Phone Number: _____

Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Dates Employed: _____

Hourly Rate/Salary: _____

Work Performed: _____

Second to last employer:

Address: _____

Phone Number: _____

Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Dates Employed: _____

Hourly Rate/Salary: _____

Work Performed: _____

Third to last employer:

Address: _____

Phone Number: _____

Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Dates Employed: _____

Hourly Rate/Salary: _____

Work Performed: _____

Additional Information

References:

(Name, Address, Phone Number, & Relationship Required)

1. _____

2. _____

3. _____

Other Qualifications:



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9747

APPLICATION FORM WAIVER

Please read each paragraph closely, initial each, and sign below:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time lapsed before discovery

_____ I hereby authorized Millcreek Paramedic Service to thoroughly investigate my references, work records, education, driving record, criminal background and other matters related to my suitability for employment. I further authorize the employers, schools and other references I have listed to disclose to Millcreek Paramedic Service any and all documents, transcripts, letters, reports and other information related to these references, without giving my prior notice of such disclosure. I hereby release Millcreek Paramedic Service, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and Millcreek Paramedic Service, other than one that is "at will." I understand and agree that if I am employed, my employment will be of an "at will" nature, whereby either the employee or the employer may terminate the employment relationship at any time, with or without cause or notice. I further understand that my employment, if hired, is for no definite or determinable period of time and may be terminated at any time, at the option of either myself or Millcreek Paramedic Service, and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the company's designated representative

Signature of Applicant _____ Date _____