

Avenel – Colonia



PRE – EMPLOYEMENT APPLICATION

Updated: December 2014



The Avenel – Colonia First Aid Squad

"Serving the Community Since 1945"

Please Print

Last Name:	
First Name:	
Date of Birth:	
Phone Number:	

FOR INTERNAL USE ONLY

Submitted:	
Called:	
Interview:	
Orientation:	
Hire Date:	
Deny Date:	



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You must be at least 18 years of age in order to be considered.

Discrimination because of race, color, sex, sexual orientation, religion, age, national origin, disability, or veteran's status is prohibited by law.

Position Applying For:

Part Time EMT

Per - Diem EMT

Personal Information:

Name: _____
Last First Middle

Social Security#: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Home Address: _____
Number Street

City ZIP Code

Daytime Phone #: (____) - ____ - ____

Evening Phone #: (____) - ____ - ____

Email Address: _____



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Medical:

Have you been immunized against Hepatitis-B?

Yes / No

If yes; give date: ____ / ____ / ____

Are you capable of performing the following tasks with at maximum 1 partner?

- Performing CPR
- Lifting 100 – 150 lbs
- Carrying 70 lbs of equipment
- Bending, squatting, kneeling, walking on uneven ground.
- Climbing / Descending Stairs
- Wearing a respirator
- Lifting a 250+ Lb patient with the assistance of only 1 additional person.

Please Specify:

- Any other physical condition(s) which would prevent you from meeting the requirements of a First Responder or an EMT



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Education:

	<i>Name</i>	<i>Highest Year Completed</i>
<i>High School:</i>	_____	_____
<i>College:</i>	_____	_____
<i>Other:</i>	_____	_____

If you attended college what was your:

Major: _____

Minor: _____

Highest Degree: _____

High School Equivalency Diploma (GED) - Date of diploma (MM/DD/YY) ___/___/___

If applicable, what year did you graduate High School? (MM/YYYY) ___/____

Please provide copies of all diplomas



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EMS Certifications: Check all that apply & attach certifications to application

NJ EMT Initial Certification Date: _____
Expiration Date: _____

NJ Paramedic Initial Certification Date: _____
Expiration Date: _____

American Heart Association CPR Initial Certification Date: _____
Expiration Date: _____

CEVO / EVOC Initial Certification Date: _____

Additional Certifications:

<input type="checkbox"/> Hazmat Awareness	<input type="checkbox"/> Hazmat Operations	<input type="checkbox"/> Hazmat Technician
<input type="checkbox"/> CBRNE Awareness	<input type="checkbox"/> CBRNE Operations	<input type="checkbox"/> ICS100
<input type="checkbox"/> ICS200	<input type="checkbox"/> ICS300	<input type="checkbox"/> ICS400
<input type="checkbox"/> PALS	<input type="checkbox"/> PHTLS	<input type="checkbox"/> Firefighter I
<input type="checkbox"/> REHAB Operations	<input type="checkbox"/> Trauma Triage & Transport	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____



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Personal References: Exclude relatives and previous employers.

Name:	Address:	Phone Number:	Relation:
1.			
2.			
3.			

Professional References: Co-Workers, Supervisors, Educators, exclude family.

Name:	Address:	Phone Number:	Relation:
1.			
2.			
3.			

I grant permission to the Avenel – Colonia First Aid Squad to contact the above mentioned references, both professional and personal, in regards to potential employment with the Avenel – Colonia First Aid Squad.

Signature: _____

Date: _____



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Please, explain why you want to be an employee of the Avenel – Colonia First Aid Squad.
Please be as detailed as possible:

Briefly describe some qualities that you feel would make you a valuable asset to the Avenel – Colonia First Aid Squad. Please be as detailed as possible:

How did you find out about the potential position available with the Avenel – Colonia First Aid Squad? If referred by an employee of the agency please state their name:

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EXPIRENCE:

Please provide a complete record of your employment, beginning with your current or most recent job. Account for all periods, including self-employment if applicable. You may attach additional jobs to this application if space provided is not ample.

Employer:	_____		
	<i>Company Name</i>	<i>Address</i>	<i>Phone Number</i>
Job Title:	_____	Dates:	_____
			<small>FROM: MM/YY TO: MM/YY</small>
Supervisor:	_____		Annual Salary / Hourly Rate:
	<i>Name / Title</i>		_____
Duties:			

Employer:	_____		
	<i>Company Name</i>	<i>Address</i>	<i>Phone Number</i>
Job Title:	_____	Dates:	_____
			<small>FROM: MM/YY TO: MM/YY</small>
Supervisor:	_____		Annual Salary / Hourly Rate:
	<i>Name / Title</i>		_____
Duties:			

Continued on the next page



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EXPERIENCE (Continued)

Employer:	_____		
	<i>Company Name</i>	<i>Address</i>	<i>Phone Number</i>
Job Title:	_____	Dates:	_____
			<small>FROM: MM/YY TO: MM/YY</small>
Supervisor:	_____		Annual Salary / Hourly Rate:
	<i>Name / Title</i>		_____
Duties:			

Employer:	_____		
	<i>Company Name</i>	<i>Address</i>	<i>Phone Number</i>
Job Title:	_____	Dates:	_____
			<small>FROM: MM/YY TO: MM/YY</small>
Supervisor:	_____		Annual Salary / Hourly Rate:
	<i>Name / Title</i>		_____
Duties:			

I grant permission to the Avenel – Colonia First Aid Squad to contact the above-mentioned employers, and any additional employers noted during the hiring process, in regards to potential employment with the Avenel – Colonia First Aid Squad.

Signature: _____

Date: _____



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Criminal History / Driving History:

Drivers License #: _____

Restrictions:

Has your drivers' license ever been suspended?

Yes No

Do you have any motor vehicle points on your drivers license?

Yes No

Have you ever been in a motor vehicle accident?

Yes No

If yes please list dates and a brief description of the accident:

Please attach a NJ Motor Vehicle Commission 5 year Driver Abstract for to this application. Abstract request forms can be obtained at: www.state.nj.us/mvc/pdf/Licenses/DO-21.pdf or by visiting your local DMV.

Have you ever been convicted of a crime?

Yes No

Are you Currently on parole, probation, work release program, or on bail?

Yes No *If*

Yes Please explain:

Have you ever been convicted of a law violation other than a minor traffic offense?

Yes No *If*

Yes Please explain: _

Are you a United States Citizen authorized to work in the United States?

Yes No



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Documents: *Please assure the following documents are attached to this application guide. Should you attach any additional documents as you deem fit, please specify in the space provided below.*

- All certifications documented in this application
- NJ DMV Driver Abstract
- Resume
- Copy of your NJ Drivers License
- Copy of all Diplomas
- Other:
- Other:
- Other:
- Other:



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I understand that should I be accepted for potential employment with the Avenel – Colonia First Aid Squad, I will be required to complete a physical examination and drug testing. Further I understand that as a part of the hiring process for the Avenel – Colonia First Aid Squad I will be required to complete a background check process, as required by the Woodbridge Township Police Department. I understand that I am fully responsible for the cost of the background check process as required by the Avenel – Colonia First Aid Squad and Woodbridge Township Police Department regardless of the agencies decision involving my potential hire at the Avenel – Colonia First Aid Squad.

My signature below certifies that the information provided in this application is correct and truthful. I realize that falsifying any information submitted may be grounds for rejection of this application or termination of employment. I also give consent to the Avenel-Colonia First Aid Squad to check previous employers, educational records, and references and release the Avenel-Colonia First Aid Squad, its agents and employees from any liability that might arise from such disclosures. I further understand the acceptance of this application does not constitute an employment or volunteer agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment.

I ACKNOWLEDGE THAT I HAVE READ THIS INFORMATION AND THAT I UNDERSTAND THE REQUIREMENTS FOR EMPLOYMENT WITH THE AVENEL-COLONIA FIRST AID SQUAD.

X _____
Signature

Date