

Sterling EMS Alliance, Inc. Alliance, Inc.
Post Office Box 3
Magnolia, NJ 08049-0003

APPLICATION FOR EMPLOYMENT

Please complete this application in either black ink. Please print or type. Only fully completed applications will be considered for employment.

Sterling EMS Alliance, Inc. will provide equal employment opportunities for all qualified persons without regard to race, color, religion, age, sex, sexual orientation, gender identity, national origin, disability or status as a disabled or Vietnam Era Veteran.

Date of Application / /

SECTION 1: Employment Desired

What position are you seeking?

What type of employment are you seeking?

- Full Time
 Part Time
 Per-Diem/Relief

SECTION 2: Personal Data

Last Name	First name	Middle	SSN - -	Date of Birth / /
Home Address				
City			State	Zip Code -
Home Telephone () -	Cellular Telephone () -		Other Telephone/Pager () -	
E-Mail Address				

SECTION 3: Credentials and Certifications

Description	ID Number	Issuing Agency	Date Obtained	Expiration Date
<i>Driver's License</i>				
<i>Emergency Medical Technician – Basic</i>				
<i>Professional Rescuer CPR</i>				
<i>ICS – 100 (Introduction to ICS)</i>				
<i>FEMA IS-700 (NIMS, An Introduction)</i>				
<i>OSHA 1910.120 (Hazmat Awareness)</i>				

SECTION 4: Education & Training

College/Technical School	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started / /	Date Ended / /
High School	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started / /	Date Ended / /

SECTION 5: Previous Employment

Employer	Date Hired / /	Date Left / /
Address		
City	State	Zip Code -
Telephone Number () -	Position Held	Supervisor's Name
Reason for Leaving		

May we contact this employer for a reference?

 Yes No

Employer	Date Hired / /	Date Left / /
Address		
City	State	Zip Code -
Telephone Number () -	Position Held	Supervisor's Name
Reason for Leaving		

May we contact this employer for a reference?

 Yes No

Employer	Date Hired / /	Date Left / /
Address		
City	State	Zip Code -
Telephone Number () -	Position Held	Supervisor's Name
Reason for Leaving		

May we contact this employer for a reference?

 Yes No

SECTION 6: Previous Volunteer Emergency Service Experience

Organization	Date Joined / /	Date Left / /
Address		
City	State	Zip Code -
Telephone Number () -	Position Held	Supervisor's Name

May we contact this organization for a reference?

Yes No

Are you 18 years of age or older?

Yes No

Are you a United States Citizen? If no, indicate type of VISA and include your VISA number.

Yes No

Do you have any conditions or restrictions that would prevent you from fulfilling the duties of the position you are applying for? If yes, please explain.

Yes No

Have you ever been convicted of any crime other than a minor traffic violation? If yes, provide details.

Yes No

Please Note: A criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements. If you are not hired based in whole or in part on your criminal history information you will be notified in writing.

SECTION 7: Additional Information

Please include any additional job-related information which you feel may be useful in considering your candidacy. Information such as special training, job related organizations and internships should be included here.

SECTION 8: Applicant's Certification and Agreement

Sterling EMS Alliance, Inc. performs extensive background checks on all individuals being considered for employment. This will include previous employment verification, license verification and in some instances criminal background checks. In addition, drug testing will be administered to all applicants being considered for employment.

I certify that the information contained in this application is accurate to the best of my knowledge and understanding. Any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, immediate dismissal upon discovery. I authorize any of the persons or organizations referenced in this application to give Sterling EMS Alliance, Inc. any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all parties and Sterling EMS Alliance, Inc. from all liability for any damage that may result from furnishing such information. I authorize Sterling EMS Alliance, Inc. to request and receive such information. Furthermore, I understand and acknowledge that a criminal check may be conducted.

If employed, I understand that I will be an employee "at will" and that either Sterling EMS Alliance, Inc. or I may terminate this employment relationship at any time with or without notice for any lawful reason.

I agree to comply with Sterling EMS Alliance, Inc. rules, regulations and policies, and acknowledge that these rules, regulations and policies be changed, interpreted, withdrawn, or supplemented at any time, and without prior notice to me.

I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn with or without cause, and with or without prior notice, at any time, at the option of Sterling EMS Alliance, Inc. or myself. I understand that the application and any other documents which I may receive are not contracts of employment.

Should any disputes concerning my employment with Sterling EMS Alliance, Inc. arise, I agree to follow Sterling EMS Alliance, Inc.' established internal grievance procedure in effect at the time of the dispute prior to taking any external actions.

All associates will be required to have a health screening after an offer of employment is made, and understand that any offer of employment is contingent upon the ability to perform the essential functions of the job with or without reasonable accommodations.

Applicant's Name	Applicant's Signature	Date / /
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PLEASE DO NOT WRITE BELOW THIS LINE, FOR STERLING EMS ALLIANCE, INC. ONLY

Application Received By		Date Received	/ /
Certifications Verified	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials:	
Previous Employers Verified	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials:	
Physical/Drug Screening:	/ /	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Date of Interview	/ /	Recommended for Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Board Meeting	/ /	Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor should attach additional documentation as necessary explaining any issues with the candidate's credentials, previous employment, physical/drug screening and interview.