

NORTHAMPTON REGIONAL
EMERGENCY MEDICAL SERVICES

1525 CANAL STREET
NORTHAMPTON, PENNSYLVANIA 18067

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

THE NORTHAMPTON REGIONAL EMERGENCY MEDICAL SERVICES RECOGNIZES THAT ALL PERSONS ARE ENTITLED TO EQUAL EMPLOYMENT OPPORTUNITIES, AND IN IT'S RECRUITMENT, TRAINING AND COMPENSATION PRACTICES, THE BEST QUALIFIED INDIVIDUAL, BASED ON ORGANIZATIONAL REQUIREMENTS, SHALL BE SELECTED, WITHOUT REGARD TO RACE, COLOR, SEX, OR NATIONAL ORIGIN AS WELL AS MENTAL AND PHYSICAL HANDICAPS THAT DO NOT INTERFERE WITH JOB PERFORMANCE.

DATE OF APPLICATION REQUEST: _____ POSITION APPLIED FOR: _____

PERSONAL INFORMATION

NAME: _____ PHONE #: _____
ADDRESS: _____
COUNTY OF RESIDENCE: _____ SOCIAL SECURITY #: _____
UNITED STATES CITIZEN : _____ ALIEN # IF NO : _____
PERSON WHO REFFERED YOU TO NREMS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR: YES / NO
IF YES PLEASE EXPLAIN: _____

A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO MEMBERSHIP OR EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF OFFENSE, SERIOUSNESS, AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.

SALARIED POSITIONS ONLY:
WHAT DATE CAN YOU BEGIN WORK : _____
HOW MUCH NOTIFICATION WILL YOU REQUIRE : _____
WILL YOU ACCEPT PART TIME WORK : _____

IN THE EVENT OF AN EMERGENCY PLEASE NOTIFY:

NAME: _____ PHONE : _____
ADDRESS: _____

TRAINING INFORMATION

COURSE TITLE	EXP. DATE	STATE	CERTIFICATION #

EDUCATION

HIGH SCHOOL: _____ DATE GRADUATED : _____
BUSINESS SCHOOL : _____ DATE GRADUATED : _____
COLLEGE : _____ DATE GRADUATED : _____
MAJOR : _____ DEGREE : _____
OTHER : _____

MILITARY

DATE OF ACTIVE STATUS : FROM: _____ TO: _____
BRANCH OF SERVICE: _____ INDUCTION RANK: _____
SEPERATION RANK: _____ CURRENT AFFILIATION: _____
MILITARY SPECIALIZATION : _____

EMERGENCY SERVICES AFFILIATION

INCLUDE SEVICE NAME AND YOUR INVOLVMENT WITH THAT SERVICE

REFERENCES

NAME : _____ OCCUPATION : _____
ADDRESS : _____ YEARS KNOWN : _____
TELEPHONE NUMBER : _____

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ADDRESS : _____ YEARS KNOWN : _____
TELEPHONE NUMBER : _____

EMPLOYMENT HISTORY

EMPLOYER NAME : _____
ADDRESS : _____
TELEPHONE : _____ DATES OF EMPLOYMENT : _____
TITLE : _____ SUPERVISOR : _____
YOUR RESPONSIBILITIES : _____
REASON FOR LEAVING : _____
MAY WE CONTACT : _____

EMPLOYER NAME : _____
ADDRESS : _____
TELEPHONE : _____ DATES OF EMPLOYMENT : _____
TITLE : _____ SUPERVISOR : _____
YOUR RESPONSIBILITIES : _____
REASON FOR LEAVING : _____
MAY WE CONTACT : _____

EMPLOYER NAME : _____
ADDRESS : _____
TELEPHONE : _____ DATES OF EMPLOYMENT : _____
TITLE : _____ SUPERVISOR : _____
YOUR RESPONSIBILITIES : _____

