



TEAM MEMBER APPLICATION

Please type or print clearly

Date: ___/___/___

GENERAL	Position Applying for: <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Paratransit <input type="checkbox"/> Dispatch <input type="checkbox"/> Office <input type="checkbox"/> Other _____
	Dedication: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time ⇨ specific days and/or hours _____
	Have you been previously employed by White Rose Ambulance? <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____
	If your application is considered favorably, on what date would you be able to start? _____

PERSONAL	Name:	Social Security Number:
	Present Address:	
	Phone Number: ()	Municipality or Township:
	How did you hear about our company?	
	If hired, can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Have you ever been convicted of a felony or misdemeanor or been released from prison in the last 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇨ explain below* :	
	* A conviction will not necessarily be a bar to employment and factors such as age and time of the offense, seriousness and nature of the offense and rehabilitation will be taken into account.	
Have you ever been excluded from Medicare or Medicaid programs? <input type="checkbox"/> No <input type="checkbox"/> Yes		

EMERGENCY MEDICAL SERVICES	*** ANSWER THIS SECTION ONLY IF APPLICABLE ***			
	Which certifications/licenses do you currently possess? (mark all that apply)			
	<input type="checkbox"/> EVOC <input type="checkbox"/> Instructor	<input type="checkbox"/> PA Paramedic	<input type="checkbox"/> RN	<input type="checkbox"/> ACLS <input type="checkbox"/> Instructor
	<input type="checkbox"/> EMT <input type="checkbox"/> Instructor	<input type="checkbox"/> NR Paramedic	<input type="checkbox"/> CEN	<input type="checkbox"/> PALS <input type="checkbox"/> Instructor
	<input type="checkbox"/> CPR <input type="checkbox"/> Instructor	<input type="checkbox"/> MD Paramedic	<input type="checkbox"/> RN-HP	<input type="checkbox"/> PEPP <input type="checkbox"/> Instructor
	<input type="checkbox"/> AED <input type="checkbox"/> Instructor	<input type="checkbox"/> Other Paramedic	<input type="checkbox"/> CFRN	<input type="checkbox"/> BTLS <input type="checkbox"/> Instructor
	Other certifications:			Length of time certified at present level:
	Where did you receive your training?			
	Please list other EMS/FIRE organizations that you are/have been affiliated with:			
	Name of Organization	Your Position	Contact Person	Phone Number
	<input type="checkbox"/> Primary Care Provider			
	<input type="checkbox"/> Primary Care Provider			
	<input type="checkbox"/> Primary Care Provider			
Please list your other experiences with the emergency services field:				
Have you ever had action taken against ANY certification or had ANY certification revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain, use another sheet if needed*				
* A revocation will not necessarily be a bar to employment and factors such as time of the offense, seriousness and nature of the offense and rehabilitation will be taken into account.				

EMPLOYMENT HISTORY

Are you currently employed? No Yes

May we contact your current employer? No Yes

Name/Address of Company and Type of business	Dates Employed	Description of work performed	Salary	Name of Supervisor
Starting _____ wk / mos / yr Ending _____ Phone: _____				
Reason for leaving:				
Starting _____ wk / mos / yr Ending _____ Phone: _____				
Reason for leaving:				
Starting _____ wk / mos / yr Ending _____ Phone: _____				
Reason for leaving:				
Starting _____ wk / mos / yr Ending _____ Phone: _____				
Reason for leaving:				
Starting _____ wk / mos / yr Ending _____ Phone: _____				
Reason for leaving:				
Starting _____ wk / mos / yr Ending _____ Phone: _____				
Reason for leaving:				
Starting _____ wk / mos / yr Ending _____ Phone: _____				
Reason for leaving:				
Starting _____ wk / mos / yr Ending _____ Phone: _____				
Reason for leaving:				

EDUCATION	Schooling	Name of School	Location (city, state)	Graduated?	Major Courses / Degree
	High School or Equivalent			Y N	
	Technical / Commercial			Y N	
	College			Y N	
	Graduate			Y N	
Currently taking courses? <input type="checkbox"/> No <input type="checkbox"/> Yes		Where and what major?		Anticipated completion date?	

CLERICAL	Computer Experience <input type="checkbox"/> None	Insurance Billing Knowledge <input type="checkbox"/> None	Other
	Operating Systems <input type="checkbox"/> DOS <input type="checkbox"/> Win 3.x <input type="checkbox"/> Win95 <input type="checkbox"/> Win98 <input type="checkbox"/> Other _____	<input type="checkbox"/> Medicare <input type="checkbox"/> PA Medicaid <input type="checkbox"/> Blue Cross <input type="checkbox"/> Other _____	Telephone Experience <input type="checkbox"/> Yes # of Lines _____
	Word Processing <input type="checkbox"/> WordPerfect <input type="checkbox"/> MS Word <input type="checkbox"/> Other _____	Billing Experience <input type="checkbox"/> None <input type="checkbox"/> Paper Claims <input type="checkbox"/> Electronic submission <input type="checkbox"/> Other _____	Keyboarding <input type="checkbox"/> Yes WPM _____
	Database <input type="checkbox"/> Access <input type="checkbox"/> Paradox <input type="checkbox"/> Other _____	Typing <input type="checkbox"/> Yes WPM _____	
	Spreadsheet <input type="checkbox"/> Excel <input type="checkbox"/> Quattro Pro <input type="checkbox"/> Other _____	List any other experiences that qualify you for this position	

VEHICLE OPERATIONS	*** ANSWER THIS SECTION ONLY IF APPLICABLE ***			
	Drivers License Number	State	Expiration Date	Special License/Class
	Have you driven emergency equipment before? <input type="checkbox"/> No <input type="checkbox"/> Yes What? _____			
	Have you ever driven an ambulance in emergency mode? <input type="checkbox"/> No <input type="checkbox"/> Yes With a patient? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	For each piece of equipment listed, how long have you been driving?			
	Have you had any moving Violations within the previous 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒list below			
	Type	Location	Date	
Have you had any accidents within the previous 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒list below				
Nature	Location	Date		
Have you ever had your drivers license revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒explain below				
Have you ever been convicted for driving under the influence of drugs or alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒explain below				

WAIVERS / DISCLAIMERS

I understand that White Rose Ambulance is an equal opportunity employer, and does not and will not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, non-job related disability or status as a disabled veteran of the Vietnam era and the information provided on this application will not be used for any discriminatory purpose. I understand that my completed application will be kept on file for one (1) year from the application date and that I may submit a new application at any time or update it personally.

I hereby certify that the information provided on this application is true and correct. I understand that any misrepresentation or omission of facts on my part will result in rejection of my application or, if I am already employed by the Company, termination of employment. I also agree and understand that this application for employment in no way obligates the employer to employ me. If an offer is made, I understand that I will be required to sign an employment agreement in addition to passing a drug screen. I also agree to possess at the time of employment, and throughout my employment, current certifications and licenses as required by the Company and the Commonwealth of Pennsylvania.

I authorize the employer, or his agents, to investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and allow all companies, schools or persons named herein to give any information regarding my employment, education, qualifications or suitability for employment while releasing them from all liability for any damages on account of furnishing such information. I understand that employment with the Company is on an at-will basis and that I may resign or be terminated at any time without notice or cause. I further understand that no representative of the Company, apart from the President, has any authority to enter into contracts of employment and that no agreement or promise of continued employment or benefits shall be valid or binding unless it is in writing and signed by the President of the Company.

_____ Date _____ Signature of Applicant

CERTIFICATIONS

Please tape a copy of your PA EMT, Paramedic or PHRN certification here

Please tape a copy of your current CPR certification here

OFFICE USE ONLY	Application Received		Received By			
	Resume Rec'd		Received By			
	References Rec'd		Received By			
	Interview Date / Time		Scheduled By			
	Disposition	Rejection <input type="checkbox"/>	Notified	Letter <input type="checkbox"/>	Phone <input type="checkbox"/>	
		Hold <input type="checkbox"/>	Hold Reason:		Reactivation Date	
		Hired <input type="checkbox"/>	Notes:			
			Date Offered		Accepted	Start
			Position		Salary	