Scott Township Emergency Medical Services

P.O. Box 644, CARNEGIE, PA 15106 (412) 278-2439

Application for Employment

Position(s) for which you are applying:		
Paramedic Full-Time EMT Full-Time 1. Please PRINT or TYPE an answer to every questic 2. If a question does not apply to you, please answer 3. Please attach the following a. Current PA paramedic/EMT certification 0 b. Current Driver's License (Photocopy) c. Act 33 child abuse clearence (Origional widdle of the company of the co	"N/A" Card (Photocopy) Fill be returned) S, PHTLS, etc.).	
Name:		
Address:	_Apt:	
City:s	tate; Zip:	
Telephone (Home) (Cell)		
Social Security Number: DO NOT WRITE BELOW THIS LINE		
Date Received: 255-256	Date Applicant Contacted:	
Date Interviewed: Who Interviewed:		
Applicant Hired:YesNo	Starting Date:	
Hourly Wage:		
Notes:		

Education

<u>High School</u>		Graduated Y / N
Name of School	Dates of Attendance	Degree or Certificate
Post High School (Colle	ege, Tech/Trade School)	Graduated Y / N
Name of School	Date of Attendance	Degree or Certificate
	FIRE DIST	(RICT)
	Vehicle Operator's	License
Class:	State:Operators Numb	per:
Expiration Date:	Restrictions:	
Has your license ever	r been revo <mark>ked or sus</mark> pended within the	e last three (3) years?YesNo
If yes explain why, giving date(s) and reason(s);		
	Emergency Medical Care	e Experience
(PLEASE ADD ADDITIO	ONAL SHEETS IF NECESSARY)	J/-740 //
Organization	Position From/To	Supervisor Phone Number
1		
2		
3.		
4		