Upper Perkiomen Valley Ambulance Association APPLICATION

What are you applying for? **INSTRUCTIONS:** 1. Complete the application Volunteer 2. Include background checks that are no older than 90 days: a. PSP Criminal Background Check: **Employment** www.epatch.state.pa.us b. Child Abuse Clearance: (We are an equal www.dhs.pa.gov/KeepKidsSafe/Clearances/ opportunity employer) 3. Return the application and background checks: a. By email: UpperPerkAmbulance@gmail.com b. In person or mail to: Date: 2199 East Buck Road Pennsburg, PA 18073

PERSONAL INFORMATION

Name:						
LAST		FIRST		MIL	MIDDLE	
Present Address:						
	STREET		CITY	STATE	ZIP	
Permanent Address:						
	STREET		CITY	STATE	ZIP	
Date of Birth:						
Preferred phone:		Cell	Home	Work	Other	
Alternate phone:		Cell	Home	Work	Other	
Email:		Drivers L	icense State &	& #:		
Are you at least 18 years of age?				awfully being empl or immigration stat		
Are you a member of any military branch?		No [Active Dut	ty Reserve	/ Guard	
n case of emergency, notify: _						

Relation

Name

Phone

Р	resent Occur	oation a	and Employer:					
	_		and Phone #:					
	SCHOOL	Name and Location of School		# of Years	Did Y Gradua		Subjects Studied	
ŀ	ligh School:							
	College:							
	Other:							
	Other:							
	Subject o	of specia	General	Inform	ation			
	study or research:							
Special skills:		ial skills	::					
Activities, civic work, sports and hobbies:								
	Subject o study or r							
	NOTE: You	may exclu	ude any information or organizations that	indicate rad	ce, creed, se	x, age, marital	status, color or nation of origin	
Former Employers								
	Dates START E	NDING	Name and Address of Emplo	•	Salary	Position	Reason for Leaving	
	I							

I

Check here if the information below is included in a resume. If so, do not fill in.

List any	y fire or ambulance	organizations you	actively belong to (excl	uding social or billing memberships):
-	List al	ll training - include (course name and date	of completion:
-				
		Terms	and Conditions	
false infor	rmation, omissions,	•	are discovered, my ap	complete, and I understand that if any plication may be rejected and, if I am
and I agre notice at a	ee that my service a any time at either my ployment/volunteer s	and/or compensation or the company's or	n can be terminated with otion. I also understand a	o the company's rules and regulations or without cause and with or without nd agree that the terms and conditions and with or without notice at any time
by the Properties of the check and	esident, has the aut time or to make any	hority to enter into a agreement contrary	ny agreement for emplo to the foregoing. I also	d then only when in writing and signed yment/volunteer status for any specific agree to provide a criminal background be kept strictly confidential between the
	Signature:		Date	9:
	If Applicant	t is under the age of	f 18, a parent or legal g	uardian must sign:
		X		
			egal Guardian's Signature	
		Parent or Leg	nal Guardian's Printed Name	_
		Applic	cant's School District	_

<u>NOTE</u>: A MINOR APPLICANT MUST SUBMIT VALID A WORKING PERMIT AND ABIDE BY APPLICABLE WORK RESTRICTIONS.

Do not write below this line

Interviewed by:	Date:	Date:		
Remarks:				
		_		
Hired: Yes No	Position:			
Salary.	Date Reporting to Work			