Montrose Minute Men, Inc.

PO Box 461 Montrose, PA 18801-0461

Phone Number: (570) 278-9188 Fax Number: (570) 278-6941

e-mail: mntroseminutemen@stny.rr.com

As an applicant for employment with Montrose Minute Men, Inc., I hereby authorize Montrose Minute Men, Inc. to perform any and all:

- Criminal background checks
- Identity checks
- Sex offender checks
- Driving record checks
- Health & Human Services checks
- Reference checks

Through any agency deemed necessary and employed by Montrose Minute Men, Inc. To perform such checks and as needed to make an employment decision on my behalf with Montrose Minute Men, Inc. and in accordance with the Fair Credit Reporting Act governing background checks.

_____

Signature

Applicant Printed Name

_____

Date: _____

"We are an Equal Opportunity Provider"

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Paid Position _____ Volunteer Position _____

Date ___/___/ ____

I. Personal

1. Name: _____(full legal name)
2. Street Address: _____
3. City, State, Zip: _____
4. Home Phone (____) _____ - _____ Work Phone: _____ - _____
5. Social Security No. _____ - _____ - _____ Cell Phone: (_____) _____ - _____
   Cell Phone Carrier: _____
6. E-Mail address which you check often: _____
7. Position desired: _____ (EMT/Paramedic/Manager)
8. Are you legally eligible for employment in the United States? ___Yes ____No
9. Are you available for full time work? ____Yes _____ No
10. What shifts are you willing to work? ____ Day ____ Night
11. Will you work overtime if asked or attend evening and night time activities? ____ Yes ____No
12. Are you employed not? ____ Yes ____ No
13. If, so may we contact your current employer? ____ Yes ____ No
14. Available start date: _____ Pay Anticipated: $ _____
15. Do you currently hold a valid driver's license? ____ Yes ____ No
    State _____ License Number _____ Class _____
    Attach a copy of your driver's license with this application.

II. E.M.S. History (to be completed by applicants for EMT/ Paramedic positions)

1. Are you presently certified by the Commonwealth of Pennsylvania or State of New York as an Emergency Medical Technician _____ Yes ____ No OR Paramedic: _____ Yes ____No
   If yes, please provide your certification number: _____, expiration date: _____
   and a **copy of your certification with this application**.
2. Are you certified in CPR? _____Yes ____ No. Expiration Date: ___/____/_____

III. Education

Name of School	Address of School	Date Graduated	Degree
High School			
Under Graduate			
Other			

IV. Employment Record

Please give **accurate, complete** Full-time and Part-time employment record. Start with your present or most recent employer.

1. **Company Name:** _____

   Address: _____ City/State: _____ Zip: _____

   Name of Supervisor: _____ Phone # (___) ___ - ____

   Job Title/ Description: _____

   Employed From: ____/____ To: ____/____ Hourly Wage: $ _____

   Reason for Leaving: _____

2. **Company Name:** _____

   Address: _____ City/State: _____ Zip: _____

   Name of Supervisor: _____ Phone # (___) ___ - ____

   Job Title/ Description: _____

   Employed From: ____/____ To: ____/____ Hourly Wage: $ _____

   Reason for Leaving: _____

3. **Company Name:** _____

   Address: _____ City/State: _____ Zip: _____

   Name of Supervisor: _____ Phone # (___) ___ - ____

   Job Title/ Description: _____

   Employed From: ____/____ To: ____/____ Hourly Wage: $ _____

   Reason for Leaving: _____

V. EMS Experience

1. Please list all emergency services that you have been affiliated with, the dates of your affiliation, and the name of your supervisor. (if paramedic, list command status.)

	Dates	Service	Supervisor	Command
1.				
2.				
3.				
4.				

2. Please list any advanced training and additional certification that you may have received. Please submit copies of certificates. _____

VI. Other Information

1. In most cases, you need to be at or over the age of 21 in order to drive a Montrose Minute Men vehicle.

   Do you meet this requirement? _____Yes _____No
2. Have your ever been convicted of a felony by a civil or military authority? (excluding misdemeanors or summary offenses?) _____Yes ____No
3. Do you use controlled drugs (i.e non over the counter drugs) not prescribed by a licensed physician or practitioner who is authorized to prescribe drugs? _____Yes _____ No
4. **NOTICE:** Per OSHA regulations and the N-95 respirator fit requirements, you are required to be clean shaven around your chin, mouth and nose in order to get a correct fit of the mask. You may have a mustache or goatee if it does not interfere with mask fit. Will you adhere to this policy?

   ____ Yes _____ No
5. Please list any other special training skills (i.e. language, machine, computer operation, music, sports, etc.)

   _____

   _____

VII. References

Please list the names, addresses, and phone numbers of three persons that are not relatives, are not former employees, and whom you have known at least one year.

1. Name: _____Phone # - (____) _____-_____

   Address: _____
2. Name: _____Phone # - (____) _____-_____

   Address: _____
3. Name: _____Phone # - (____) _____-_____

Address: _____

VIII. **Verification Statement**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give any and all information concerning my previous employment, any criminal record history including Health & Human Services searches, and my pertinent information they may have, and release all parties from all liability from any damage that may result from furnishing same to Montrose Minute Men, Inc. I understand and agree that, if hired, my employment is "at will" and for no definite period, may be terminated at any time. Regardless of the date of payment of my wages and salary, without prior notice and without cause. I also understand that I am required to be 21 years of age to operate any motor vehicles for Montrose Minute Men, Inc. I will also be required to provide a record of my immunizations upon commencement of my employment.

Signature: _____ **Date:** _____

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

I, _____, hereby authorize my prior employers to release any and all information relating to my employment with them to Montrose Minute Men. I further release and hold harmless both my prior employers and Montrose Minute Men from any all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employers will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

_____ Printed Name: _____

(Applicant's Signature)

_____

(Date)