

BALDWIN

Emergency Medical Services

One Readshaw Way Pittsburgh, PA 15236

Phone: 412-884-0666 www.baldwinems.com



POSITION YOU ARE APPLYING FOR:

EMT PARAMEDIC

(circle one)

Date: _____

Name: _____

LAST

FIRST

MIDDLE

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

If hired, can you document your eligibility to work in the United States? _____

Driver's License # _____

(a copy of your valid and current Driver's License must accompany this application)

Social Security Number _____

PA EMT/Paramedic Certification # _____ Expiration Date: _____

Have you ever been listed on a Medicare list of persons prevented from working with Medicare billing? _____

Have you ever been convicted of a crime? _____

Have you been bonded? _____

If yes, for what position(s)? _____

MILITARY TRAINING

Are you currently in the U.S. Armed Forces? _____

If yes, what branch? _____

Dates of Previous Duty _____ to _____

Rank at Discharge _____

List any duties or special training in the Service that are relevant to the essential duties and responsibilities of this position: _____

EDUCATION

Type	Name and Address	Did You Graduate?	Course or Major
Elementary			
High School			
College			
Post-graduate			
EMS Training			
Other (Specify)			

EMPLOYMENT HISTORY

(List in order, with the most recent first)

Name and Address of Company & Supervisor	Dates Employed	Duties	Pay Rate Beg./End	Reason for Leaving

REFERENCES

Name and Occupation	Address	Phone Number

List any friends or relatives working for us: _____

Please inform us of any additional knowledge, skills, and abilities that would allow you to complete the essential duties and responsibilities of this position: _____

Baldwin EMS is an equal opportunity employer. All prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, or veteran status.

CERTIFICATION, AUTHORIZATION, AND AGREEMENT

“I certify that the information supplied by me on this application form and in my resume, if any, is true and complete and does not contain any falsification, omission, or concealment of material fact. I authorize Baldwin EMS to investigate the truth of this information and of any other information I may supply during an interview. I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information that Baldwin EMS may solicit from it or them. I further authorize Baldwin EMS to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or part because of information contained in a criminal history report, Baldwin EMS will so advise me.”

“I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by Baldwin EMS.”

“I understand and agree that Baldwin EMS’s acceptance of this employment application does not constitute any promise, expressed or implied, that I will be selected. I further understand that Baldwin EMS does not guarantee anyone an employment position for any specific length of time.”

“I further understand and agree that any offer to become an employee with Baldwin EMS will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent upon my taking and passing physical, psychological and polygraph examinations and drug tests.”

“I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my ability to work for Baldwin EMS in any way.”

“I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form.”

“I am aware that should investigation disclose any willful misstatement, falsification or concealment, my application will be rejected, my name removed from the eligible list, and if already appointed, I may be dismissed from this service.”

BEFORE SIGNING THIS APPLICATION, CHECK IT OVER TO MAKE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS CORRECTLY, AND MAKE CERTAIN THAT YOU HAVE NOT OMITTED ANYTHING:

Date: _____

Signature of Applicant:

Witnessed:

(Sign in presence of a witness)

EMS/Rescue/Fire Certifications (please provide copies of all applicable documents)*

- Drivers License (EMT & EMT-P)
- PA EMT-B certification (EMT)
- PA EMT-Paramedic certification (EMT-P)
- BLS for Healthcare Provider certification (EMT & EMT-P)
- Medical Command Physician or Command Facility Reference Letter (EMT-P)
- EVOC certification (EMT & EMT-P)
- PALS certification (EMT-P)
- ACLS certification (EMT-P)
- Pennsylvania Child Abuse History Clearance
- Pennsylvania State Police Criminal Record Check
- Trauma certification (BTLS or PHTLS)
- Basic Vehicle Rescue certification
- Hazardous Materials certification
- NIMS Training: ISO Course: 100 200 700 800 (circle each course completed)
- WMD Training (_____) list specific course(s)
- Rope Rescue training (_____) list specific course(s)
- Confined Space Rescue certification
- Fire Fighting: Essentials FFI FFII (circle all that apply)
- Special Vehicle Rescue
- Other EMS/Rescue/Fire related certifications:
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

***INCLUDE COPIES OF ALL ABOVE APPLICABLE DOCUMENTS**