



# UPPER SAUCON AMBULANCE CORPS

## Employment Application

5560 Camp Meeting Road  
Center Valley, PA 18034  
www.UpperSauconEMS.org

Phone 610-282-1565  
Fax 610-282-1954  
Email contact@UpperSauconEMS.org

### Instructions

Applications may be filled out electronically and printed or may be handwritten using blue or black ink. Applications may be sent by mail or delivered in person and may be accompanied by a resume. In sections that require addresses, be sure to include the full address. Fields that are not applicable should be filled in "n/a" and not left blank.

### Equal Opportunity Employer

Upper Saucon Ambulance Corps is an Equal Opportunity Employer (E.O.E.). Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status or veteran status, or the presence of a non-job related medical condition or disability. Upper Saucon Ambulance Corps will hire the best candidates for available positions.

### Personal Information

Last Name  First Name  Middle Initial

Alias / Other Names Used During Previous Employment

Street Address

Apt/Unit/etc.

City  State  Postal Code

Phone Number (Landline)  Phone Number (Mobile)

Email Address

### Employment Interest

Status Requested (check all that apply):

- Associate (no emergency response)     Volunteer     Paid (part-time)     Paid (full-time)

Date of Application

What date could you begin work?   As soon as possible

How did you hear about Upper Saucon Ambulance Corps?

### This section is for office use only:

Application status:  Associate     Volunteer     Paid (part-time)     Paid (full-time)     Denied

Reviewing Officer: \_\_\_\_\_ Date \_\_\_\_\_

# USAC Employment Application

## Background Information

All positions require a criminal background check. A conviction will not necessarily disqualify you from consideration for employment, however, the Corps may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position for which you have applied. **A conviction is considered any plea of guilty or nolo contendere (no contest) or a verdict of guilty.**

1. Have you ever been convicted of a misdemeanor or felony offense by **any** State or Federal court?  Yes\*  No

2. Are you 18 years or older? If your answer is "yes" skip question 3 and go to question 4.  Yes  No

3. If you are under 18, have you graduated from high school or received a GED certificate or have a valid work permit?  Yes  No

4. If hired, are you able to provide proof of eligibility to work in the United States of America as specified in the Immigration Reform and Control Act of 1986?  Yes  No

5. Have you ever been released or discharged from employment or resigned to avoid such release or discharge?  Yes\*  No

6. Are you fluent in reading and writing the English language?  Yes  No

7. Are you able to perform the essential functions of the job for which you are applying?  
(Refer to "Essential Job Functions" section below)  Yes  No

\*If you answered "yes" to question 1 or 5, explain the charge(s), disposition and circumstances for each incident: You may omit:

- any conviction that has been sealed, expunged or legally eradicated
- any offense which was finally settled in juvenile court or referred to a youth authority

## Essential Job Functions

All positions with the Corps, except Associates, involve emergency response to calls for medical aid and other emergency incidents. All employees are expected to be of good moral character and exhibit a positive work ethic.

Essential job functions of an emergency responder include, but are not limited to:

1. Administering emergency medical care at or exceeding applicable standards
2. Responding into unsafe and unstable scenes to perform rescue and emergency medical care
3. Working in austere environments and adverse weather conditions
4. Immediate response to emergencies at any time of the day or night with no advanced notice
5. Lifting and moving of persons and equipment
6. Frequent periods or occurrences of standing, moving, lifting, reaching and walking
7. Operating tools and equipment using moderate dexterity
8. Safe operation of emergency vehicles
9. Establishing and maintaining effective working relationships with fellow employees
10. Effectively communicating with other emergency service personnel, hospital personnel, and citizens
11. Completion of clear and concise patient care reports and other reports
12. Performance of clerical tasks
13. Performance of general building maintenance

# USAC Employment Application

## Employment History

Include all employment over the past five (5) years including volunteer positions. Also include all relevant emergency service affiliation. A supplemental page may be attached to the end of the application if more room is needed. Begin with current or more recent employers.

Employer  From  to

Address  Phone Number

Job Title  Supervisor's Name

Your Responsibilities

Reason for Leaving  May we contact as a reference?  Yes  No

Employer  From  to

Address  Phone Number

Job Title  Supervisor's Name

Your Responsibilities

Reason for Leaving  May we contact as a reference?  Yes  No

Employer  From  to

Address  Phone Number

Job Title  Supervisor's Name

Your Responsibilities

Reason for Leaving  May we contact as a reference?  Yes  No

Employer  From  to

Address  Phone Number

Job Title  Supervisor's Name

Your Responsibilities

Reason for Leaving  May we contact as a reference?  Yes  No

Check here if supplemental page is attached

# USAC Employment Application

## Education

High School  From  to

Last Grade Completed  Graduated?

College or Business School  From  to

Major  Degree Received

College or Business School  From  to

Major  Degree Received

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## Emergency Service Certifications and Training

PA DOH Practitioner Type  Certification #

Expiration Date  Initial Certification Date

CPR/AED  Expiration Date

EVOC  NIMS IS-100  NIMS IS-700

Course Title  Expiration Date  Cert. #

List any other training, experience or remarks (include details of military service, if applicable):

# USAC Employment Application

## Personal References

List three (3) persons who can attest to your character and/or work ethic. References should not be family members or previously listed supervisors.

Name  Years Known

Address  Phone Number

How Known

Name  Years Known

Address  Phone Number

How Known

Name  Years Known

Address  Phone Number

How Known

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## Additional Statements

Please list any other qualifications, skills, or other experience which you feel would relate to your employment with Upper Saucon Ambulance Corps.

# USAC Employment Application

## Acknowledgements and Releases

Please read and place your initials next to each statement.

\_\_\_\_\_ Upper Saucon Ambulance Corps, Inc. recognizes that all persons are entitled to equal employment opportunities, and in its recruitment, training, and compensation practices, the best qualified individual, based on organizational requirements, and shall be selected, without regard to race, creed, color, sex, sexual orientation, age, or national origin, as well as mental and physical handicaps that do not interfere with job performance.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that if employment is obtained under this application, Upper Saucon Ambulance Corps does not guarantee employment for a fixed term. Furthermore, I understand employment, if offered, is "at-will" and may be terminated at any time, with or without notice, and for any cause, should it be determined it is in the best interest of Upper Saucon Ambulance Corps to terminate employment.

\_\_\_\_\_ I understand that if employment is obtained under this application, I will be required to authorize Upper Saucon Ambulance Corps to conduct a criminal and driving history. Furthermore, I understand I may subject to drug and alcohol testing prior to beginning employment and anytime thereafter, in accordance with the By-laws and policies of Upper Saucon Ambulance.

*I hereby acknowledge the above statements and submit this application has been completed accurately and without omission to the best of my knowledge. I understand discovery of the contrary prior to or after employment may be cause for immediate termination.*

Signature \_\_\_\_\_ Date \_\_\_\_\_