



SOUTHERN BERKS REGIONAL EMERGENCY MEDICAL SERVICES

769 Mountain View Road Reading, Pa 19607

Business Office 610.775.1041 Fax 610.796.1510

Application for Employment/Membership

Southern Berks Regional Emergency Medical Services, Inc. (SBREMS) considers applications for employment without regard to race, color, national origin, ancestry, sex, age, disability, political belief, military service, or any other protected class. SBREMS IS A DRUG FREE WORKPLACE.

Personal Information

Name (Last) (First) (MI) Date:

Social Security Number - -

Drivers License Number: State:

Address

City: State: Zip Code

Home Telephone Number: Other Phone:

Are you at least 18 years of age? Yes No

How did you hear about SBREMS?

Do you have any relatives or friends working/volunteering here? Yes No

Please List:

Position Information

Hours Applying For: Full Time Part Time Volunteer

Position(s) Applying For: EMT EMT-P Wheelchair Van PHRN

Have you ever worked/volunteered for this organization? Yes No If so, date(s) Prior position(s)

Reason(s) for leaving:

Certifications Information List only current certifications. Photocopies are required at time of interview.

Certifications	Certification Number	Expiration Date	Certifying State/Agency
CPR			
EMT/Medic/PHRN			
National Registry			
PALS			
ACLS			
PHTLS			
Hazmat			
EVOC			

Educational Information

High School:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Years Completed _____ Did you graduate: Yes No
 If not, highest year completed? _____

College:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Years Completed _____ Did you graduate: Yes No

Major: _____

Technical School:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Years Completed _____

Did you graduate: Yes No

If not, highest year completed? _____

Certification: _____ License: _____

Expires: _____ Expires: _____

Other School/Training:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Years Completed _____

Did you graduate: Yes No

If not, highest year completed? _____

Certification: _____ License: _____

Expires: _____ Expires: _____

EMS/Fire Service related training not listed above:

EMS/Fire/Professional Affiliations (other than listed under prior employment):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

Employment History
Start with most recent first

I.

Employer: _____

Job Title: _____ **Supervisor:** _____

Start Date: _____ **Salary:** _____

End Date: _____ **Salary:** _____

Job Description:

Employer Telephone #: _____ **May we contact:** _____

Reason for leaving:

II.

Employer: _____

Job Title: _____ **Supervisor:** _____

Start Date: _____ **Salary:** _____

End Date: _____ **Salary:** _____

Job Description:

Employer Telephone #: _____ **May we contact:** _____

Reason for leaving:

III.

Employer: _____

Job Title: _____ **Supervisor:** _____

Start Date: _____ **Salary:** _____

End Date: _____ **Salary:** _____

Job Description:

Employer Telephone #: _____ **May we contact:** _____

Reason for leaving

Military Service:

Branch Of Service	Date Began	Date Ended	Rank & Duties	Date Discharged	Location

Explain any gaps in employment:

References List three persons other than family

I.

Name: _____ **Relationship:** _____

Telephone Number(s): _____ **Years known:** _____

II.

Name: _____ **Relationship:** _____

Telephone Number(s): _____ **Years known:** _____

III.

Name: _____ **Relationship:** _____

Telephone Number(s): _____ **Years known:** _____

Signature: _____ **Date:** _____

Printed Name: _____