



**SOUTHERN BERKS REGIONAL EMERGENCY  
MEDICAL SERVICES**

769 Mountain View Road  
Reading, Pa 19607

Business Office 610.775.1041  
Fax 610.796.1510

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**APPLICATION FOR EMPLOYMENT  
&  
PRE-EMPLOYMENT QUESTIONNAIRE**

Thank you for your interest in Southern Berks Regional EMS (SBREMS). The purpose of this application packet is to provide you with pertinent information about the job for which you are applying, information about the company, and to assist you in comparing your qualifications with those required to be considered for the position.

Our goal is to hire and retain the best employees and provide them with a healthy, safe and productive work place. Our employees are our most valuable resource and will be treated as such.

All qualified applicants will be considered on their merits and without regard to age, citizenship, color, disability, genetic information (including family members' genetic information), marital status, national origin, race, religion, sex (including pregnancy), veteran status, sexual orientation, or any other status protected by law.

SBREMS hires based on personal contact with individuals, previous history, certifications and experience. We base our hiring decision on a variety of factors including skills and ability to perform the job, prior employment record, employment references, attitude, interpersonal skills, willingness to accept the offered salary, and personal interviews.

All employees are expected to work the hours appropriate for their employment status. Full time employees are expected to be available for a minimum of 40 hour work week. Overtime, weekend, and 24 hour on-call availability is required. Part time and temporary employees are expected to be available for the hours for which they committed to work at the time of hire.

Southern Berks Regional Emergency Medical Services, Inc. (SBREMS) is an equal opportunity employer. As such, we actively seek to employ and promote the best qualified employees and applicants for employment without regard to race, color, sex, national origin, religion, age, marital status, sexual preference, political affiliation or handicap or disability which does not interfere with performance of essential job function after reasonable accommodation, if any. SBREMS is a drug free work place.

**Directions:** Please answer each question completely and accurately. Please **PRINT** clearly and legibly in black or blue ink. Incomplete applications will not be accepted. Any false or misleading information on the application will be grounds for refusal to hire or termination if not discovered until after hire.



**EMPLOYMENT APPLICATION**

**Hours Applying For:** Full Time                  Part-Time                  Volunteer  
**Position(s) Applying For:** Paratransit      EMT      AEMT      Paramedic      PHRN

**BASIC INFORMATION**

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Full Name: \_\_\_\_\_  
(Last)    (First)    (Middle)

Present Address: \_\_\_\_\_  
(Number)      (Street)    (Unit or Apartment Number)

\_\_\_\_\_  
(City)    (State)      (Zip)    (\_\_\_\_\_)      (Phone Number)

Permanent Address: \_\_\_\_\_  
(If different from current address)

\_\_\_\_\_  
(City)    (State)      (Zip)    (\_\_\_\_\_)      (Phone Number)

Previous Address: \_\_\_\_\_  
(Number)      (Street)    (Unit or Apartment Number)

\_\_\_\_\_  
(City)    (State)      (Zip)    (\_\_\_\_\_)      (Phone Number)

From: \_\_\_\_\_ Thru: \_\_\_\_\_

Are you at least 18 years of age (required to drive ambulances)? YES NO

Are you at least 21 years of age (required to drive wheelchair van)? YES NO

Have you ever worked/volunteered for this organization? YES NO

If so, date(s): \_\_\_\_\_ Prior Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have any friends or relatives working/volunteering for SBREMS? YES NO

If so please list names: \_\_\_\_\_



<b>Required Certification Information</b>			
List only current certifications and attach photo copies of certifications to this application.			
Certification	Certification Number	Expiration Date	Certifying State/Agency
Driver's License			
EMT/Medic/PHRN			
CPR			
EVOC			
NIMS100			
NIMS 200			
NIMS 700			
ACLS (ALS Only)			
PALS (ALS Only)			
<b>Optional Certification Information</b>			
Haz-Mat			
PHTLS			
National Registry			

**Educational and Training Information**

High School: \_\_\_\_\_  
(Name) (Location) (Years Completed)

College: \_\_\_\_\_  
(Name) (Location) (Years Complete) (Degree Earned)

Other: \_\_\_\_\_  
(Describe)

Special Training, Skills or Licenses: \_\_\_\_\_

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 SBREMS to know when considering your application:

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**U.S. Military Service**

Did you ever serve in the U.S. Armed Forces during any war or armed conflict in which the United States was engaged?      YES      NO

Dates of Service: \_\_\_\_\_ Entry: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Honorable Discharge:    YES      NO  
Supply copy of honorable discharge (DD form 214)

**Questionnaire**

Are you addicted to the habitual use of intoxicating liquors?      YES      NO

Are you affiliated with any group whose policies or activities are subversive to the form of government set forth in the Constitution and laws of the United States and the Commonwealth of Pennsylvania?

YES      NO

Are you available to work nights?      YES      NO

Are you available to work weekends?      YES      NO

Are you available to work holidays?      YES      NO

**Driving Information**

This job requires you to have a valid driver's license and a safe driving record and a driving record check will be performed.

Do you have a valid driver's license?      YES      NO

\_\_\_\_\_  
(State)                      (Number)                      (Expires)                      (Classes)                      (Restrictions)



Has your license ever been suspended?    YES    NO

If so, describe: \_\_\_\_\_  
(Dates)                      (Reason)

**Criminal Record**

Have you ever been convicted of a crime other than a summary or minor traffic offense?

YES    NO

If yes, describe: \_\_\_\_\_

**Immigration Status**

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration status?

YES    NO

If hired, an Immigration Form I-9 and proof of citizenship will be needed.

**Employment History**

Beginning with the MOST RECENT, list all jobs including volunteer work, part time employment while in school, military service, self employment and unemployment. Please account for all periods of employment and unemployment for at least the past five (5) years and including at least the last three (3) employers.

Present Job:

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Employment dates: From: \_\_\_\_\_ Thru: \_\_\_\_\_

Job title and major duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Next Higher Supervisor: \_\_\_\_\_

Starting Salary per week: \_\_\_\_\_ Current Salary: \_\_\_\_\_



Why do you want to leave? \_\_\_\_\_

May we contact your present employer?    YES    NO

Previous Job:

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Employment dates: From: \_\_\_\_\_    Thru: \_\_\_\_\_

Job title and major duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_    Phone: \_\_\_\_\_

Next Higher Supervisor: \_\_\_\_\_

Starting Salary per week: \_\_\_\_\_    Final Salary: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer?    YES    NO

Previous Job:

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Employment dates: From: \_\_\_\_\_    Thru: \_\_\_\_\_

Job title and major duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_    Phone: \_\_\_\_\_

Next Higher Supervisor: \_\_\_\_\_

Starting Salary per week: \_\_\_\_\_    Final Salary: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_



May we contact this employer?    YES    NO

Please explain any gaps of one month or longer between listed jobs: \_\_\_\_\_

\_\_\_\_\_

<b>References</b>
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List three references, do not use relatives.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Years Known: \_\_\_\_\_



**PLEASE READ CAREFULLY BEFORE SIGNING**

I swear that all of the information contained in this application is true and correct. I understand that all of the information contained in this application is subject to verification by SBREMS. The investigation may include contacting prior employers, checking my driving record and criminal record check. I understand that misrepresentation or omission of any facts on this application will cause it to be rejected, or if not discovered until after hire, will subject me to termination.

I understand:

- All applicants offered a position agree to comply with the provisions of our Drug and Alcohol policy and understand that violations of the policy will be considered willful misconduct and will result in discipline up to and including termination of employment.
- All applicants offered a position considered physically demanding or safety sensitive will be required to successfully pass a physical ensuring they can safely perform the position being offered.
- All applicants offered a position that requires driving will be required to have a valid driver's license and a safe driving record.
- All applicants offered a position may, as necessary, be required to successfully complete a criminal background check and child abuse history clearance. All applicants are required at time of application to review the position they are applying and agree they are able to meet all aspects of the position.

I further understand that as a condition of employment I will be required to successfully pass a drug screening test. If an offer of employment is made to me it will be contingent upon my taking and passing a complete job related physical examination.

I further understand that nothing in this application or in the granting or conduction of an interview or tests is intended to create an employment contract of any kind. No promises regarding employment have been made to me and I understand that no such promise would be binding upon the management or Board of Directors of SBREMS.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Southern Berks Regional Emergency Medical Services  
Application for Employment  
FORMER EMPLOYEE REFERENCE REQUEST**

Applicant Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

I hereby authorize my former employer listed below to furnish any information concerning my personal character, habits, or employment record and I hereby release such employer from any liability or damages as a result of furnishing such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Former Supervisor's Name: \_\_\_\_\_

Former Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Dear Sir/Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Employed: \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Would you re-hire?: \_\_\_\_\_

Please check the appropriate response:

Attendance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Quality of Work:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Teamwork:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_



Please return application by mail or in person to:

Southern Berks Regional EMS  
769 Mountain View Rd  
Reading, PA 19607

Or Fax to:

610-796-1510

Thank you!