



WARWICK COMMUNITY AMBULANCE ASSOCIATION, INC.

151 North Lane PO Box 42 Lititz, PA 17543

Tel: 717-627-0143 Fax: 717-627-0728

Email: warwickambulance@dejazzd.com

Warwick Ambulance considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Warwick Ambulance IS A DRUG-FREE WORKPLACE

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Other Phone: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

Hours Requested (please circle) Full Time Part Time

How did you find out about this position? _____

Do you have any relatives or friends working/volunteering here? _____

Please list: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever worked/volunteered for this organization? _____

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

**WARWICK COMMUNITY AMBULANCE ASSOCIATION
CRIMINAL BACKGROUND CHECK
CONSENT AND RELEASE**

In order to comply with current regulations for service providers to nursing homes, WCAA will now require criminal background checks on all employees and volunteers. This check will be done by Pennsylvania State Police. To be eligible for paid or non-paid service at Warwick Community Ambulance your report must not reveal any convictions regarding criminal behavior.

Anyone who has had the criminal background check done by another ambulance association, a hospital or nursing home within the last year will not require a new check, but must provide a copy of the original. If you can provide a copy, complete section A.

A. Signature _____ Date _____
 Print Name _____ SSN _____

Submit copy of background check within 60 days.

If you require a new criminal background check, complete section B.

B.

I confirm that I have not been convicted of any criminal misconduct. I understand that my service with Warwick Community Ambulance will be terminated immediately if my criminal report from the Pennsylvania State Police shows any criminal convictions.

Signature _____ Date _____
Print Name _____ SSN _____
Date of Birth _____

CERTIFICATION INFORMATION
(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/EMT-P (Circle One)			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
Other: _____			

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: _____

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: _____

EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent.)

I. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

II. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

III. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: _____

PAST EMPLOYMENT

Have you ever been:

- Disciplined or terminated for reckless driving? YES NO
- Placed on probation or terminated for excessive absenteeism? YES NO
- Disciplined or fired for insubordination? YES NO
- Disciplined or fired for violation of safety rules? YES NO
- Disciplined or fired for assault or fighting? YES NO
- Disciplined or fired for harassment? YES NO
- Disciplined or fired for patient abuse? YES NO
- Disciplined or fired for alcohol or drug related activity at work? YES NO

If you answered yes to any question above, please explain: _____

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Have you received your GED? YES NO

COLLEGE:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest year completed: _____

Degree: _____ Major: _____

OTHER COLLEGE:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest year completed: _____

Degree: _____ Major: _____

TECHNICAL SCHOOL:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest year completed: _____

Certificate: _____ License: _____

Expires: _____ Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest year completed: _____

Certificate: _____ License: _____

Expires: _____ Expires: _____

OTHER: _____

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:

REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

1. Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

2. Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

3. Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

List **two** personal references that have known you for at least three years outside work.

Name: _____ Address: _____

How they know you: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

How they know you: _____

Years Known: _____

Telephone Number (including area code): _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my employment with the Company may be terminated.

Applicant's Signature: _____ Date: _____

Printed Name: _____



REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us

DO NOT SEND CASH

PRINT OR TYPE ALL INFORMATION LEGIBLY

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: **\$5.00 FEE** (Driver history is **not** included)
- 3 YEAR DRIVER RECORD: **\$5.00 FEE**
- 10 YEAR DRIVER RECORD: **\$5.00 FEE** (Employment Purposes Only)

- CERTIFIED DRIVER RECORD: **\$10.00 FEE**
- COPY OF DOCUMENT FROM FILE (MICROFILM): **\$5.00 FEE**
- CERTIFIED COPY OF DOCUMENT FROM FILE: **\$10.00 FEE**

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at www.dmv.state.pa.us

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
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NAME/COMPANY _____ ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____	NAME/COMPANY _____ ADDRESS <i>(PO Box not acceptable), need to provide physical location of business/residence</i> _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____
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C DRIVER INFORMATION	D AFFIDAVIT OF INTENDED USE
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SIGNATURE <u>X</u> _____ NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit (In connection with a credit transaction involving the driver.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)																													
NAME: LAST _____ FIRST _____ INITIAL _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER () _____ DRIVER NUMBER _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">DATE OF BIRTH</th> <th colspan="6">SOCIAL SECURITY NUMBER</th> </tr> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	DATE OF BIRTH			SOCIAL SECURITY NUMBER						MONTH	DAY	YEAR																		I hereby Certify that _____ <div style="text-align: right; font-size: small;">PRINTED NAME OF REQUESTER</div> <p>will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 PA C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.</p> X _____ <div style="text-align: right; font-size: small;">SIGNATURE OF REQUESTER</div> Title _____
DATE OF BIRTH			SOCIAL SECURITY NUMBER																											
MONTH	DAY	YEAR																												

E DRIVER RELEASE	F MICROFILM
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I _____ hereby request <div style="text-align: center; font-size: small;">NAME OF DRIVER</div> the Department of Transportation to furnish a copy of my PA Driver's Record to _____ <div style="text-align: center; font-size: small;">NAME OF PERSON/COMPANY</div> X _____ <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE OF DRIVER DATE </div>	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR X _____ <div style="text-align: center; font-size: small;">SIGNATURE OF PERSON ADMINISTERING OATH</div>
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TYPE OF DOCUMENT _____ DATE OF VIOLATION _____ (see list of available documents below)	Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">NOTARIZATION</td> <td style="text-align: center; vertical-align: middle;"> S E A L SIGN IN PRESENCE OF NOTARY </td> </tr> </table>	NOTARIZATION	S E A L SIGN IN PRESENCE OF NOTARY
NOTARIZATION	S E A L SIGN IN PRESENCE OF NOTARY			

MESSANGER NO.

INSTRUCTIONS

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if Block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$5.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "Commonwealth of Pennsylvania." **DO NOT SEND CASH.** Attach your check or money order and send to:

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
 DRIVER RECORD SERVICES
 P.O. BOX 68695
 HARRISBURG, PA 17106-8695

BUREAU OF DRIVER LICENSING
 DRIVER RECORD SERVICES
 1101 SOUTH FRONT STREET 3RD FLOOR
 HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION..... Includes name, address, driver number, date of birth and class of license.
 (\$5.00 fee)

3 YEAR RECORD*..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed. **You can obtain a copy of your own record on PennDOT's Web site at www.dmv.state.pa.us**
 (\$5.00 fee)

10 YEAR RECORD*..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only. **You can obtain a copy of your own record on PennDOT's Web site at www.dmv.state.pa.us**
 (\$5.00 fee)

CERTIFIED RECORD..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.
 (\$10.00 fee)

MICROFILM

DOCUMENT..... Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.
 (\$5.00 fee)

CERTIFIED COPY

OF DOCUMENT..... Copies of documents from the microfilm file that have been certified by the Department.
 (\$10.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our Web site at www.dmv.state.pa.us and click on "Online Business Services" for more information.