



SJAS

St. Joseph's Ambulance Services

PO Box 33 ▶ 1619 St. Mary's Avenue
Parkersburg WV 26102-0033

304-424-4473

www.sjaswv.com

Employment Application

APPLICANT INFORMATION

Last Name		First	M.I.	Application Date:
Street Address				Apartment/Unit #
City		State		ZIP
Primary Phone			Secondary Phone	
Social Security No.			Email Address	
Position Applied for <input type="checkbox"/> Paramedic <input type="checkbox"/> EMT <input type="checkbox"/> EMVO <input type="checkbox"/> WC Driver <input type="checkbox"/> Other _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Date available to start work:				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Are you 18 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOTE: Age 18 is the minimum age for employment.
Have you ever been involved with or convicted of Medicare or Medicaid fraud?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Are you a previous SJAS employee?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, date of employment, position:
Are you willing to work overtime hours?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:
Have you ever submitted an application to SJAS in the past?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, date of application:
Are you willing to work any shift?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:
Are you willing to work on a call-in basis?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:
Are you able to meet the attendance requirements of the position?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:

EDUCATION

High School / GED		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

APPLICABLE LICENSURE & CERTIFICATION

EMS Certification - State of West Virginia (required)	Initial Certification (yr):	Expiration Date:	Cert #
Other State:	Initial Certification (yr):	Expiration Date:	Cert #

National Registry EMT Certification	Expiration Date:	Cert #
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Driver's License – State of West Virginia	License #	Expiration Date:
Other State:	License #	Expiration Date:

Have you been convicted of a moving violation in the past 5 years? YES NO If yes, explain:

Check all applicable certifications currently held:

- CPR FIRST AID ACLS AMLS ITLS PEPP PALS EVOC INSTRUCTOR (List below)

Summarize your EMS experience and any other significant EMS training:

ATTACH COPIES OF ALL CERTIFICATION CARDS AND DRIVER'S LICENSE

REFERENCES

Please provide 2 Professional and 1 Personal Reference (other than relatives)

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch		From		To	
If currently in military, describe status:					
Rank at Discharge				Type of Discharge	
If other than honorable, explain					

SHORT ESSAY

In the space below, please tell us why you wish to be employed with St. Joseph’s Ambulance Services. Also describe your availability to work shifts for SJAS.



DISCLAIMER AND SIGNATURE

In making application for employment: I certify that the information in this application is complete for all practical purposes and it may be verified by St. Joseph’s Ambulance Services. Should a position be offered and later it is found that this information is significantly untrue, incomplete or misrepresented, I understand and agree that St. Joseph’s Ambulance Services or its’ affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and I am subject to immediate discharge without recourse.

I understand and agree that if I am offered employment by St. Joseph’s Ambulance Services, my employment will be for no definite term and that either I or St. Joseph’s Ambulance Services will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice.

I have read and understand these conditions of employment.

Signature _____

Date _____

Submit Application via email: hr@siaswv.com

- By mail: PO Box 33, Parkersburg WV 26102-0033
- In person: 1619 St. Marys Avenue, Parkersburg

SJAS USE ONLY:

Date Rec’d _____ Date Reviewed _____ Meets Qualifications YES NO Interview Scheduled _____