



# SJAS

## St. Joseph's Ambulance Services

PO Box 33  
Parkersburg WV 26102-0033

304-424-4473

\* [www.sjaswv.com](http://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 <b>Date available to start work:</b>			
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 21 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**

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

<b>National Registry EMT Certification</b>	Expiration Date:	Cert #
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<b>Driver's License</b> – 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    ACLS    ITLS    PEPP    PALS    EVOC    INSTRUCTOR (List)

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)*

<b>Full Name</b>	Relationship
Company	Phone (    )
Address	

<b>Full Name</b>	Relationship
Company	Phone (    )
Address	

<b>Full Name</b>	Relationship
Company	Phone (    )
Address	

**PREVIOUS EMPLOYMENT**

<b>Company</b>		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"/>			

<b>Company</b>		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"/>			

<b>Company</b>		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 indicate 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 \_\_\_\_\_

Rev 04/16

**SJAS USE ONLY:**

Date Rec’d \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Meets Qualifications YES  NO  Interview Scheduled \_\_\_\_\_