



MACUNGIE AMBULANCE CORPS

5550 N. WALNUT ST.
P.O. Box 114
MACUNGIE, PA 18062
(610) 966-2601



Date _____

APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Macungie Ambulance Corps considers applications for employment or membership without regard to actual or perceived race, ethnicity, color, religion, creed, national origin or citizenship status, ancestry, sex (including pregnancy, childbirth, and related medical conditions), gender identity, gender expression, sexual orientation, genetic information, marital status, familial status, GED rather than high school diploma, physical or mental disability, relationship or association with a disabled person, source of income, age, height, weight, veteran status, use of guide or support animals and/or mechanical aids, or domestic or sexual violence victim status, or any other characteristic protected by law.

STATUS APPLIED FOR (Choose All That Apply)

Volunteer	Paid Full-Time	DATE YOU COULD START?
	Paid Part-Time	

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MI
ADDRESS			CITY	STATE ZIP
HOME PHONE	CELL / OTHER PHONE		NAME OF PARENT / GUARDIAN IF YOU ARE UNDER THE AGE OF 18	
EMAIL ADDRESS				

EDUCATION

	Name & Location	YEAR COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
GED/High School				
College/ Secondary Education				
EMT				
A-EMT				
Paramedic/PHRN				

Please list other Emergency Services related training and / or certifications (CPR, PHTLS, ACLS, PALS, Firefighter Training, etc..)

WORK/VOLUNTEER HISTORY

Please list your five most recent employers, list the most recent first. If you have previously or currently volunteer for an emergency services organization, please include information regarding that organization in this section.

EMPLOYER'S NAME	START DATE	END DATE
ADDRESS		
CONTACT PERSON	POSITION	PHONE
YOUR RESPONSIBILITIES		
REASON FOR LEAVING		
<hr style="border: 1px solid black;"/>		
EMPLOYER'S NAME	START DATE	END DATE
ADDRESS		
CONTACT PERSON	POSITION	PHONE
YOUR RESPONSIBILITIES		
REASON FOR LEAVING		
<hr style="border: 1px solid black;"/>		
EMPLOYER'S NAME	START DATE	END DATE
ADDRESS		
CONTACT PERSON	POSITION	PHONE
YOUR RESPONSIBILITIES		
REASON FOR LEAVING		
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EMPLOYER'S NAME	START DATE	END DATE
ADDRESS		
CONTACT PERSON	POSITION	PHONE
YOUR RESPONSIBILITIES		
REASON FOR LEAVING		
<hr style="border: 1px solid black;"/>		
EMPLOYER'S NAME	START DATE	END DATE
ADDRESS		
CONTACT PERSON	POSITION	PHONE
YOUR RESPONSIBILITIES		
REASON FOR LEAVING		

ADDITIONAL INFORMATION

Please list any other emergency services related experience (including volunteer) that you may have that is not listed above:

Please list any other experiences, skills, or qualifications pertinent to this application. Feel free to attach a cover sheet or resume.

Why have you chosen to apply to our organization?

REFERENCES

NAME	YEARS KNOWN
ADDRESS	
OCCUPATION	PHONE
NAME	YEARS KNOWN
ADDRESS	
OCCUPATION	PHONE
NAME	YEARS KNOWN
ADDRESS	
OCCUPATION	PHONE

ALL APPLICANTS

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 and / or accepted into membership. I recognize that completion of this application does not mean that job openings exist and does not obligate Macungie Ambulance Corps (herein referred to as the "Corps") 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 Corps 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/ membership. 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 Corps as a condition of my employment/ membership, and I hereby give my consent to the release of all information which the Corps 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 Corps.

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/ membership with the Corps may be terminated.

As a part of the application process, I understand that the Corps will conduct a background and reference check which may include a review of public records, criminal history check, and inquiries of my former employers and references which I have provided regarding my qualifications and suitability for membership, as well as verification of any information I have provided in this application. As part of this inquiry, I understand that the Corps will obtain a report of criminal history information and driver's license history, from applicable law enforcement agencies, or, in some cases, the Federal Bureau of Investigation, and that applicable state law may prohibit the employment of persons convicted of certain crimes.

I hereby give my permission to any of my listed references to release to the Corps any information regarding my work and volunteer experience, including, but not limited to performance of expected duties and disciplinary information, to the Corps.

I hereby authorize the Corps to conduct this background and reference check, as well as a Drug and Alcohol screen as part of the application process, and I release from liability the Corps and its representatives for seeking, gathering, and using such information. I also release any individual or entity from any liability whatsoever for providing the Corps with any information concerning my qualifications and suitability for employment or membership, including the former employers and personal references I have identified on the application.

I authorize the Corps to send a copy of this authorization to my listed references or anyone else contacted by the Corps to provide information about me.

SIGNATURE OF APPLICANT

DATE:

If applicant is under 18 years of age have parents or guardian sign below:

I do hereby permit my son/daughter to become a member of Macungie Ambulance Corps.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE: