



Laurel Lake Vol. Fire and Rescue, Inc.

EMS Division

5436 Battle Lane/P.O. Box No. 349

Millville, NJ 08332

Laurellakeems@comcast.net

APPLICATION FOR EMPLOYMENT

*Thank you for your interest in working with Laurel Lake Fire and Rescue, EMS.
Please complete and return this application to be considered for employment with our organization.*

APPLICANT DEMOGRAPHICS

Name (Last)	(First)	(MI)	Social Security Number:	
Address (Mailing Address)	(City)	(State)	(Zip)	Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Position or Type Of Employment Desired: <input type="checkbox"/> EMT-PAID <input type="checkbox"/> OTHER: _____	Will Accept: <input type="checkbox"/> Fill- In <input type="checkbox"/> Per- Diem <input type="checkbox"/> Part-Time	Desired Salary: Available Starting: <input type="checkbox"/> Immediately <input type="checkbox"/> Other: _____
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

HIGH SCHOOL, COLLEGE, AND/OR TRADE SCHOOL HISTORY

Are you a High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
HIGH SCHOOL	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
COLLEGE/TRADE	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
COLLEGE/TRADE	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		

EMT CERTIFICATION INFORMATION

ARE YOU CURRENTLY CERTIFIED AS AN EMT OR PARAMEDIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number	State of Issue	Expiration Date
Have you EVER had action taken against ANY professional EMS Certification Including fines, probation, suspension, and revocation? (If yes, please explain on back of page.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

OTHER LANGUAGES SPOKEN:

Languages Read, Written or Spoken Fluently Other Than English



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WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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REFERENCES

NAME	RELATIONSHIP	COMPANY	PHONE NUMBER

DRIVER'S LICENSE

Do you have a valid driver's license? Yes No Driver's license # _____
 State of issue _____ Type _____ Expiration date _____

Have you had any accidents during the past three years? Yes No
 Have you had any moving violations during the past three years Yes No
 If yes, please explain: _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future employment by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Laurel Lake Fire and Rescue to investigate my background, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and certification(s) including through an investigative agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to you or the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required. I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

NON-DISCRIMINATION POLICY

Laurel Lake Fire and Rescue is committed to the principle of equal opportunity in education and employment. This organization does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

The following person has been designated to handle inquiries regarding this organization's nondiscrimination policies:

EMS ADMINISTRATOR, Laurel Lake Fire and Rescue: P.O. Box 329 Millville, NJ 08332 Phone: 856-825-6767.

My signature below indicates my agreement to above listed "Waivers and Disclosures", as well as certification of my receipt and understanding of the Non-Discrimination Policy.

PLEASE SIGN HERE: _____

Date _____