



**BLAIR TOWNSHIP E.M.S.**  
**Application For Employment**

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn of us? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Have you ever been employed with us before? Yes or No When? \_\_\_\_\_

Are you currently employed? Yes or No Where \_\_\_\_\_

May we contact your present employer? Yes or No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work

Are you currently on "lay-off" status and subject to recall? Yes or No

Can you travel if a job requires it? Yes or No

Have you been convicted of a felon or misdemeanor within the last 7 years? Yes or No

If yes, explain

EDUCATION

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_



Can you speak, read or write any foreign languages, if so what? \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities \_\_\_\_\_

Describe any job related training received in the United States Military. \_\_\_\_\_

***EMPLOYMENT*** start with present or last job

Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Work performed \_\_\_\_\_

Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Work performed \_\_\_\_\_

Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Work performed \_\_\_\_\_



REFERENCES

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

APPLICANT'S STATEMENT

*I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 90 days. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time with or without cause. It is further understood that this "at will" employment relationship may not be challenged by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.*

*In the event of employment I understand that false or misleading information given on my application, resume or interview (s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.*

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date*

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



## REQUEST FOR AND AUTHORITY TO RELEASE INFORMATION

This is to request that any information concerning the following matters be provided the Township of Blair or its designated representative, upon presentation of this release or a copy thereof, and within one year of its date.

I request that the custodian of records in each instance permit the record to be examined, copied or otherwise reviewed, and hereby release any such institution or organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, any heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

1. Record of any medical treatment or history of any treatment for mental illness.
2. Transcript of scholastic record, including any record of disciplinary action while attending any school, college, university or other educational institution.
3. Record pertaining to all employment including service in the armed forces of the United States and record of any disciplinary action, court-martial or official reprimands while so employed.
4. Record of any derogatory information concerning my loyalty to this country, or any other information that would negatively affect my handling classified or confidential information.
5. Record of credit history.
6. Release of criminal records.
7. Release of driving record.

Full Name: please print \_\_\_\_\_

Please Sign \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_