

**FIRST AID AND SAFETY PATROL  
APPLICATION FOR EMPLOYMENT**

First Aid and Safety Patrol (FASP) considers applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by law.

- FASP IS A DRUG-FREE WORKPLACE-

PLEASE PRINT

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other Telephone Number: \_\_\_\_\_

Are you at least 18 years of age? YES NO Date Available to Start: \_\_\_\_\_

Hours Requested (please circle) Full Time Part Time

How did you find out about this position? \_\_\_\_\_

Do you have any relatives or friends working/volunteering here? \_\_\_\_\_

Please list: \_\_\_\_\_

**POSITION INFORMATION**

Position (s) Applying For: \_\_\_\_\_

Have you ever worked/volunteered for this organization? \_\_\_\_\_

If so, date (s) \_\_\_\_\_ prior positions (s) here: \_\_\_\_\_

Reason (s) for leaving: \_\_\_\_\_

**CERTIFICATION INFORMATION**  
(List only current certification – photo copies required at interview)

Certification	Certification Number	Expiration Date	Instruction Agency
CPR			
EMT/EMT-P LEVEL:			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
Other:			

**WORK REQUIREMENTS  
AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver’s License? YES NO Class: \_\_\_\_\_

Issued by what State? \_\_\_\_\_ Driver’s License #: \_\_\_\_\_

List all moving violation (convictions) and accidents in the last five years: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had you license revoked or suspended? YES NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid: YES NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

(List your last three employers or volunteer activities, starting with the most recent.)

Employer: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

II.

Employer: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

III.

Employer: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

**MILITARY:**

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: \_\_\_\_\_

**PAST EMPLOYMENT**

Have you ever been:

- Placed on probation or terminated for excessive absenteeism? YES NO
- Disciplined or fired for insubordination? YES NO
- Disciplined or fired for violation of safety rules? YES NO
- Disciplined or fired for assault or fighting? YES NO
- Disciplined or fired for harassment? YES NO
- Disciplined or fired for patient abuse: YES NO
- Disciplined or fired for alcohol or drug related activity at work? YES NO

If you answered yes to any questions above, please explain: \_\_\_\_\_

*Answers of YES for any of the above questions will not necessarily disqualify you from employment.*

**EDUCATION AND TRAINING**

**HIGH SCHOOL:**

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

Years completed: \_\_\_\_\_

Did you graduate? YES NO

If not, highest grade completed: \_\_\_\_\_ Have you received your GED? YES NO

EDUCATION CONT

COLLEGE:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Years completed: \_\_\_\_\_  
Did you graduate? YES NO  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

OTHER COLLEGE:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Years completed: \_\_\_\_\_  
Did you graduate? YES NO  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

TECHNICAL SCHOOL:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Years completed: \_\_\_\_\_  
Did you graduate? YES NO  
Certificate: \_\_\_\_\_ License: \_\_\_\_\_  
Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

OTHER SCHOOL/TRAINING:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Years completed: \_\_\_\_\_  
Did you graduate? YES NO  
Certificate: \_\_\_\_\_ License: \_\_\_\_\_  
Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_

EMS/FIRE SERVICE RELATED TRAINING: \_\_\_\_\_  
\_\_\_\_\_

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

List three persons, other than relatives, who have knowledge of your work experience and/or education.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

List two personal references that have known you for at least three years outside work.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
How they know you: \_\_\_\_\_  
Years known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
How they know you: \_\_\_\_\_  
Years known: \_\_\_\_\_  
Telephone Number (including are code): \_\_\_\_\_

## ACKNOWLEDGEMENT

Carefully read this section prior to providing signature below

1) I authorize First Aid and Safety Patrol (FASP) to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and FASP from any and all liability arising from their giving or receiving information about my employment history, my academic credentials, or qualifications, and my suitability for employment at FASP. Initials \_\_\_\_\_

2) I also authorize FASP to secure criminal background Information through an appropriate agency, and a driving record check. Initials \_\_\_\_\_

3) I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, employment references, and a criminal background check. I further understand that any false or misleading statements will be sufficient cause for rejection of my application- If FASP has not employed me and for immediate dismissal if FASP has employed me. I also authorize FASP to supply information about my employment record, in whole or part, in confidence to any prospective employer. government agency, or other party having a legal and proper interest, and I hereby release FASP from any and all liability for its providing this information. Initials \_\_\_\_\_

4) In the event of employment or any offer of employment, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of the job for which I am hired or being considered or any future job. Initials \_\_\_\_\_

5) I hereby agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understanding that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including discharge. Initials \_\_\_\_\_

6) I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and US citizenship status or, if aliens, their legal authorization to work in the US. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law. Initials \_\_\_\_\_

7) I agree and understand that any offer of employment I may receive is Contingent upon my successful completion of FASP pre-employment, post

Offer, screening process including pre-employment, post offer, physical examination that may be required.

Initials \_\_\_\_\_

8) In the event of my employment with FASP, I will comply with all rules, regulations, and policies of FASP.

Initials \_\_\_\_\_

9) I understand that nothing in this employment application, FASP policy statements, personnel guidelines, or in my communication with any FASP officials are intended to create any employment contract or warranty of benefits between FASP and me. I also understand that FASP has the right to modify any or all of its policies without giving me any notice of the changes. I understand that if any employment relationship is established, I have the right to terminate my employment at any time for any reason I think is appropriate. I also understand that FASP retains the right to terminate my employment at any time for any reason that FASP believes is appropriate. No promise or guarantee is binding upon FASP unless it is made in writing and signed by the Executive Director.

Initials \_\_\_\_\_

I hereby acknowledge that I have read, understand, and agree to the preceding statements

Signature: \_\_\_\_\_ Date: \_\_\_\_\_