



# Centre LifeLink EMS, Inc.

## Application

Date of Application: \_\_\_\_\_

### AN EQUAL OPPORTUNITY EMPLOYER

Federal law obligates Centre LifeLink EMS to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need any accommodations to complete the application process or to perform any essential elements of the position sought.

Applicants are considered for all positions, and staff members are treated during their time of service, without regard to race, color, religion, sex, national origin, ancestry, marital status, age, disability, veteran status or any other prohibited basis of discrimination, as provided under applicable state and federal law.

#### Position Applying for:

##### Paid Position

##### Volunteer Position

\_\_\_\_ EMT Full-Time  
\_\_\_\_ EMT Part-Time

\_\_\_\_ Paramedic Full-Time  
\_\_\_\_ Paramedic Part-Time

\_\_\_\_ Van Attendant  
\_\_\_\_ Administrative

\_\_\_\_ EMT  
\_\_\_\_ Special Operations

<b>Name:</b>		
<b>Local Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>		
<b>Permanent Address</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>E-mail address</b>	<b>Cell Phone:</b>	

Are you 18 years of age or older? \_\_\_\_\_

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

\_\_\_\_ AHA BLS CPR  
\_\_\_\_ EMT / Paramedic / PHRN  
\_\_\_\_ EVOC  
\_\_\_\_ Haz Mat (Level \_\_\_\_)  
\_\_\_\_ ACLS / PALS\* ALS Provider  
\_\_\_\_ ICS 100 / ICS 700

Expiration Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
With EMSVO Endorsement? Yes: \_\_\_\_ No: \_\_\_\_  
Expiration Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

**Attach Copy of Cert.**  
**Attach Copy of Cert.**  
**Attach Copy of Cert.**  
**Attach Copy of Cert.**  
**Attach Copy of Cert.**  
**Attach Copy of Cert.**

Do you have the right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony with in the last 10 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(A conviction is not an automatic bar to employment. Each case will be considered on its own merits)

If yes, please explain \_\_\_\_\_

Have you ever been convicted of any crime relating to the use, sale, possession or transportation of narcotics, habit forming or dangerous drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Do you currently use illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Have you been convicted of theft within the last 10 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Have you ever applied for a position with or worked for Centre LifeLink EMS, Inc. before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify dates: From: \_\_\_\_\_ To: \_\_\_\_\_

### EDUCATION

Name of School	Major	# of Years Completed	Did you Graduate?
<b>High School</b>			
<b>College</b>			
<b>Other (specify)</b>			

Exclude names or terms which indicate, for example, race, color, sex, disability or national origin.

### EMPLOYMENT

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, disability or national origin.

1	Company Name	Telephone ( ) -
	Address	Start Date
	City State Zip Code	End Date
	Name of Supervisor	Salary
	Job Title	Reason for Leaving
	Describe your Work	

2	Company Name	Telephone( ) -
	Address	Start Date
	City State Zip Code	End Date
	Name of Supervisor	Salary
	Job Title	Reason for Leaving
	Describe your Work	

3	Company Name	Telephone( ) -
	Address	Start Date
	City State Zip Code	End Date
	Name of Supervisor	Salary
	Job Title	Reason for Leaving
	Describe your Work	

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled under a name other than that used on this application:  Yes  No

If yes, please specify name: \_\_\_\_\_

If you are employed now, may we contact your current employer?  Yes  No

Do you have a valid Driver's License?  Yes  No

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

Have you ever had your driver's license suspended or revoked?  Yes  No

If yes, please explain \_\_\_\_\_

Do you authorize a Driver's License Check?  Yes  No

List any and all traffic citations received and accidents you have been involved in during the last five years:

---



---



---

### REFERENCES

List the names and addresses, and telephone numbers of at least three references who are not related to you:

---



---



---



---



---

I certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements verified by Centre LifeLink EMS unless I have indicated to the contrary. I authorize the references listed, as well as previous employers, to provide Centre LifeLink EMS any and all information concerning my previous employment and any other pertinent information that they may have. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer of employment, ability to volunteer or, if I am hired, my dismissal from employment.

I understand that this application is not a contract of employment.

I agree to conform to the rules and standards of Centre LifeLink EMS, as amended by Centre LifeLink EMS from time to time at its discretion. I further agree that I can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of Centre LifeLink EMS.

---

Signature of Applicant

---

Date

Please mail this completed application to:

Centre LifeLink EMS  
PO Box 272  
State College, PA 16804

Or in-person at:  
125 Puddintown Rd.  
State College, PA 16801

Or E-mail to:  
Brandon McMinn, NRP  
Paramedic, Deputy Chief, Training Supervisor  
[bcmcminn@centrelifelink.com](mailto:bcmcminn@centrelifelink.com)