



Sparta Ambulance Squad
P.O. Box 246, Sparta, New Jersey 07871
Emergency Medical Technician Application

Read the following paragraph before completing this application.

This application must be completed by the applicant. Any misstatement of fact, omissions or attempt to mislead this agency, if deliberate or in error, may lead to your disqualification. This application must be printed in ink and all information filled in. If any requested data does not apply to you, indicate by entering "N/A". Do not leave any question blank.

If additional space is required for answers to questions in any section of this application, submit on a separate sheet, attach to application, and note this in the applicable section. Each additional sheet **must be signed individually.**

NAME: _____
Last **First** **Middle**

Submit completed application to the following address:

Captain
 Sparta Ambulance Squad
 P.O. Box 246
 Sparta, NJ 07871

Please write on the back: "Personal and confidential. To be opened by the Captain only"

Note: Applications submitted in person should be in a sealed envelope addressed to the Captain.

DATE: _____



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I. PERSONAL RECORD

NAME _____
Last First Middle

PRESENT ADDRESS _____
Number Street Municipality State Zip Code

TELEPHONE NUMBERS _____
Home Cell

E-MAIL ADDRESS _____

ARE YOU A UNITED STATES CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? YES _____ NO _____

ARE YOU OVER THE MINIMUM LEGAL WORKING AGE? YES _____ NO _____

II. EDUCATION

HIGH SCHOOL:

_____ School City State

Grade Reached: _____ Graduated? Yes _____ No _____

COLLEGE OR UNIVERSITY:

_____ School City State

Graduated? Yes _____ No _____ Degree Obtained _____

_____ School City State

Graduated? Yes _____ No _____ Degree Obtained _____



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ICS 100 YES () NO () Date Completed _____

ICS 700 YES () NO () Date Completed _____

DDAT YES () NO () Date Completed _____

CEVO YES () NO () Date Completed _____

BTLS YES () NO () Date Completed _____

PHTLS YES () NO () Date Completed _____

OTHER TRAINING:

III. JOB RELATED EMPLOYMENT HISTORY

LIST ALL PLACES OF EMPLOYMENT, INCLUDING FULL TIME, PART TIME,
AND PER DIEM, OMIT NONE.

WHAT IS YOUR CURRENT OCCUPATION? _____

RECORD HISTORY OF EMPLOYMENT, STARTING WITH MOST CURRENT:

1. _____

Name Street City State Phone #

From: _____ To: _____ Salary: _____ Position: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Reason for leaving: _____



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2. _____
Name Street City State Phone #
From: _____ To: _____ Salary: _____ Position: _____
Supervisor's Name: _____ Supervisor's Phone: _____
Reason for leaving: _____

3. _____
Name Street City State Phone #
From: _____ To: _____ Salary: _____ Position: _____
Supervisor's Name: _____ Supervisor's Phone: _____
Reason for leaving: _____

4. _____
Name Street City State Phone #
From: _____ To: _____ Salary: _____ Position: _____
Supervisor's Name: _____ Supervisor's Phone: _____
Reason for leaving: _____



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5. _____
Name Street City State Phone #

From: _____ To: _____ Salary: _____ Position: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Reason for leaving: _____

IF CURRENTLY EMPLOYED, WILL YOU ALLOW THIS AGENCY TO CONTACT YOUR PRESENT EMPLOYER? Yes () No () If no, why? _____

HAVE YOU EVER MADE AN APPLICATION TO ANY OTHER EMERGENCY MEDICAL SERVICES AGENCY? Yes () No ()

If yes, list **ALL** agencies and dates: _____

IV. MOTOR VEHICLE INFORMATION

DO YOU PRESENTLY HAVE A NEW JERSEY DRIVER'S LICENSE? Yes () No ()

HAVE YOU EVER HAD A DRIVER'S LICENSE FROM ANOTHER JURISDICTION? (Other than New Jersey) Yes () No ()

If yes, give name of jurisdiction and dates held:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____



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**HAVE YOUR DRIVING PRIVILEGES EVER BEEN REVOKED OR
SUSPENDED IN ANY JURISDICTION?** Yes () No ()

If yes, explain: _____

**HAS YOUR MOTOR VEHICLE REGISTRATION EVER BEEN REVOKED IN
ANY JURISDICTION?** Yes () No ()

If yes, explain: _____

**HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT
EITHER AS A REGISTERED OWNER OR OPERATOR, WHICH RESULTED
IN ANY PERSONAL INJURY OR PROPERTY DAMAGE TO YOU OR
ANYONE ELSE?** Yes () No ()

If yes, state details: _____

HAVE YOU EVER BEEN ISSUED A MOTOR VEHICLE SUMMONS?
Yes () No ()

If yes, state full facts, include date(s) and location(s): _____



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HAVE YOU EVER BEEN CONVICTED OF DWI OR DUI? Yes () No ()

If yes, state full facts, include date(s) and location(s): _____

V. REFERENCES

Please list three (3) references (personal or professional) that can be contacted. Please do not use relatives.

Name: _____

Home Address: _____

Home Phone # _____ Cell Phone # _____

Occupation: _____

Name: _____

Home Address: _____

Home Phone # _____ Cell Phone # _____

Occupation: _____



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Name: _____

Home Address: _____

Home Phone # _____ Cell Phone # _____

Occupation: _____

ATTACHMENTS

Copies of the following documents **must** be provided to Sparta Ambulance Squad, Inc. **at the time of the applicant's interview**, should he/she be granted one. Copies of the applicant's certifications and licenses may be provided earlier, with the submission of the application, if the applicant wishes.

1. High School Diploma (A college diploma will suffice in lieu of a high school diploma, if applicable)
2. College Diploma (if applicable)
3. EMT Certificate (National Registry or New Jersey)
4. CPR Card (professional certification)
5. Driver's License
6. All other training and certifications applicable to this application (See Page 4)



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**SPARTA AMBULANCE SQUAD, INC.
RELEASE INFORMATION**

I, _____, am applying for appointment to the Sparta Ambulance Squad, Inc. As a result, an investigation will be conducted to determine my eligibility. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is of a public, private, or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution to have control of any documents, records, and other information pertaining to me, to furnish to SAS, the New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS) and/or the Town of Sparta any such information, formal or informal, pending or closed, or any other pertinent data, and to permit SAS, New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS) and/or Town of Sparta or their representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate SAS, New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS), the Town of Sparta, their representatives and any other person(s) so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collecting of such documents, records and any other information or the investigation made by SAS, New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS), and/or the Town of Sparta.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this authorization and release will be considered in determining my suitability for employment by Sparta Ambulance Squad, Inc.

In the event that my criminal history record or other record is utilized as a basis to reject my employment application, I understand that Sparta Ambulance Squad, Inc. will set forth the basis for such rejection to me in writing and afford to me an opportunity to confirm or deny the accuracy of any information contained in the criminal history record or other record. I shall be afforded a reasonable period of time to correct or complete the record prior to a final determination or decision concerning my eligibility for employment.



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A photocopy of this authorization and release form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the “Authorization & Release.”

Signature

Address

Phone Number