



**Ross/West View Emergency Medical Services Authority**

5325 Perry Highway Pittsburgh, PA 15229-2198

Phone: (412)-931-8200

Fax: (412)931-6708

# Application for Membership

Volunteer

Part Time Staff

Full Time Staff

Ross/West View Emergency Medical Services Authority considers all applicants for all positions, in accordance with Title VII of the Civil Rights Act of 1964, as amended, and the Americans With Disabilities Act of 1990. and the Age Discrimination in Employment Act of 1967, which prohibits discrimination in the recruitment, selection, and hiring of employees.

*(Please Print or Type)*

Position (s) Applied for	Date of Application	Social Security Number	
Last Name	First Name	Middle Name	Sex M      F
Address		City	State      Zip Code
Cell Phone	Daytime Phone	Evening Phone	Email Address

### Education

	High School	Undergraduate College	Graduate School
School Name and Location			
Level Completed	1   2   3   4	1   2   3   4	1   2   3   4
Diploma/Degree			
Course of Study			

### Primary EMS Education

EMT/Paramedic School Name and Location	EMT-B Cert # _____ EMT-P Cert # _____
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## References

Give name, address and telephone number of three references who are not related to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever been convicted of any crime within the past five years?      Yes      No

If yes, please explain:

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**Please do not respond to the following questions until you have read and/or discussed the job description of the position (s) for which you are applying.**

Do you believe you would be able to perform the essential functions of the job for which you are applying?    Yes      No

If no, please explain:

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Are there any accommodations that you believe can reasonably be made which would permit you to perform the essential functions of the job (s) for which you are applying?    Yes      No

If yes, please explain:

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## Paramedic Reference

Please list Medical Command Facilities, Coordinator, and Coordinator's phone number


Have you ever been denied Medical Command?      Yes      No

Have your Medical Command Orders ever been suspended?      Yes      No

How many concurrent years have you had Medical Command? \_\_\_\_\_

If you answered YES to either of the above two questions, please explain:

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## Certifications

At the time of application submission, provide a photo copy for all that are checked

- |  |   |                                     |                                 |   |
|--|---|-------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Paramedic       | <input type="checkbox"/> Driver's License | <input type="checkbox"/> PALS       | <input type="checkbox"/> BVR    | <input type="checkbox"/> Any ProBoard Cert. |
| <input type="checkbox"/> EMT-B           | <input type="checkbox"/> CPR              | <input type="checkbox"/> BTLS/PHTLS | <input type="checkbox"/> BRP    | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> First Responder | <input type="checkbox"/> ACLS             | <input type="checkbox"/> EVOC       | <input type="checkbox"/> HazMat | <input type="checkbox"/> Other: _____       |

## Employment Experience

Start with your present or last employer. Include any job-related military service assignments and volunteer activities

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Salary or Hourly Employee		
Telephone Number (s)			
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Salary or Hourly Employee		
Telephone Number (s)			
Supervisor			
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Employer	Dates Employed		Work Performed
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Address			
	Salary or Hourly Employee		
Telephone Number (s)			
Supervisor			
Reason for Leaving			

### **Special Skills and Qualifications - *Not EMS Related***

Summarize special skills and qualifications acquired from employment or other experience. Please do not list EMS/Fire/Rescue Certifications

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### **Applicant's Statement**

**I certify that the answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in immediate discharge. I understand, also I am required to abide by all rules and regulations set forth by the administration or the Board of Directors of Ross/West View Emergency Medical Services Authority.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Driver's Information

Please complete the following information exactly as it appears on your driver's license

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

Address \_\_\_\_\_

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

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

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

What Class License? (Standard class is 1 or C): \_\_\_\_\_

Do you have any restrictions on your license? Yes No

If YES, indicate which restrictions: (circle) B C D E G H I J K L M N O S X

**The following questions are in direct relationship to the operation of an emergency vehicle, as required under the rules and regulations of Act 45 of 1985, Title 28: Health and Safety.**

Have you ever completed a PA Emergency Vehicle Operators Course (EVOC)? Yes No

If YES give date: \_\_\_\_\_

Have you been convicted within the past 4 years of driving under the influence of alcohol or drugs? Yes No

If YES give date: \_\_\_\_\_

Have you been convicted of reckless driving within the past 2 years? Yes No

If YES give date: \_\_\_\_\_

Have you ever had your driver's license suspended under the point system? Yes No

If YES give date: \_\_\_\_\_

I attest that the information provided above is true to the best of my knowledge. I am aware that my driving record may be checked at any time during my tour at Ross/West View Emergency Medical Services Authority. I agree to inform the administration of Ross/West View Emergency Medical Services Authority of any moving violations or suspensions during the time I operate an emergency vehicle with the Authority.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Criminal History Record

In accordance with Act 45 of Pennsylvania, and Ross/West View EMS Authority’s Operating Guidelines, please answer the following:

**Have you ever been arrested and/or convicted of a Misdemeanor or Felony?**

(A conviction offense is not a bar from membership, each case is considered on it’s merits.)

**YES**

**NO**

Charges	Convicted Yes/No/Pending	Arrested Yes/No	Date (s)	Place (s)

If YES, the applicant must provide the authority with the following:

1. An original Pennsylvania State Police “Request for Criminal Record Check” (sp 4-164 (3-91))
2. An original Pennsylvania State Police “Criminal Record Attachment” (Rap Sheet) (sp 4-1378)
3. A notarized copy of relevant court documents showing dates, outcome and conditions set by the court.

**Have you ever been excluded or denied from participating in Medicare/Medicaid or any other Federal Health Care Program?**

**Yes    No**

If yes, please explain:

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All Applicants:

I hereby understand that background checks may be performed and that any false statements may lead to my disqualification from membership.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Ross/West View Emergency Medical Services Authority

## Background Investigation

## Authorization and Release

I \_\_\_\_\_, authorize the Ross/West View EMS Authority, the Ross Township Police Department, and The Township of Ross, their agents, employees or representatives to inquire into my background including but not limited to criminal records and drivers license status and history. I further consent to any person, institution or entity to release any information about me and or my background/history to the above without any culpability.

I understand and agree that the information compiled during this process or at any time in the future may be grounds for denial of membership or termination of membership in the EMS Authority or any other Ross Township organization.

I hereby, release, indemnify and hold forever harmless the Ross/West View EMS Authority, the Ross Township Police Department, and The Township of Ross, their agents, employees, representatives, heirs or assigns from any liability, action or claim that may arise directly, indirectly or remotely from this investigation/inquiry.

This background investigation is in accordance with the Pennsylvania Criminal History Information Act section 9125(a) and all other pertinent local, state and federal regulations.

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

\_\_\_\_\_  
Witness Date

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*Please print all information below completely and accurately.*

Full Name \_\_\_\_\_

Other Names Used Including Maiden \_\_\_\_\_

Social Security# \_\_\_\_\_ Home Telephone # \_\_\_\_\_

DOB \_\_\_\_\_ Drivers License# \_\_\_\_\_ State \_\_\_\_\_