

# **Seneca Area Emergency Services**

## **Application for Membership / Employment**

### ***Vital stats & contact info***

Full name:	Age:	DOB:	SSN:
Home address:			
City, State, Zip:			
Email address:			
Primary phone:			
Secondary phone:			
Other phones, pagers, etc:			
Driver's license #:	Driver's license state:	Expiration date:	

### ***Education***

Degrees/diplomas received: <input type="checkbox"/> High school <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> MD/PhD/etc	Last school graduated from:	Year:
Past college major(s), if any:		
School presently attending:	Pursuing what program/major/certification?	Grade/year:

### ***References***

1	Name:	Occupation:
	Phone number:	Years known:
2	Name:	Occupation:
	Phone number:	Years known:
3	Name:	Occupation:
	Phone number:	Years known:

## ***Work experience***

1	Employer:	Main phone:
	Address:	Type of business:
	Job title:	Start date:
	Date left:	Reason left:
	Supervisor's name:	Supervisor's phone:
	May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Employer:	Main phone:
	Address:	Type of business:
	Job title:	Start date:
	Date left:	Reason left:
	Supervisor's name:	Supervisor's phone:
	May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Employer:	Main phone:
	Address:	Type of business:
	Job title:	Start date:
	Date left:	Reason left:
	Supervisor's name:	Supervisor's phone:
	May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## ***Work availability***

Position desired: <input type="checkbox"/> Volunteer <input type="checkbox"/> Part-time <input type="checkbox"/> Casual
Hours available per week:
Hours <b>not</b> available per week:

### ***Emergency services training***

Please list all relevant EMS, Fire, and Public Safety training:

Course	Date	Expires	Certification #

Other organizations, if any, that you are actively affiliated with:

Who recommended you to Seneca, or how did you hear about us?

### ***Health, mental status, physical condition***

Affirmative answers are not necessarily cause for rejection:

Are you presently under a physician's care for any chronic or serious illness?

☐ Yes ☐ No (If yes, explain on back.)

Do you have any physical, mental, or sensory limitations or disabilities that may interfere with your ability to perform in a hazardous environment or severe working conditions?

☐ Yes ☐ No (If yes, explain on back.)

Do you now or have you ever had a problem with alcohol abuse, or been a user of narcotics or other controlled substances?

☐ Yes ☐ No (If yes, explain on back.)

## ***Hepatitis B vaccine***

As a member of an emergency medical service, you are entitled to the Heptivac vaccine for Hepatitis B at our expense. Although you are not required to receive the vaccine, we strongly urge you to do so.

<input type="checkbox"/> I <b>do</b> wish to receive the vaccine.	Initial:_____
<input type="checkbox"/> I do <b>not</b> wish to receive the vaccine.	Initial:_____
<input type="checkbox"/> I have already received the vaccine.	Initial:_____

## ***Applicant's statement and agreement***

- ❖ To serve as a crew member, an individual must be a minimum of 16 years of age and become certified in CPR within one month of joining. Paid employees must meet additional requirements.
- ❖ The successful applicant will initially be classified as a trainee and will participate in a training program. This program will orient the member to Seneca's policies and prepare the member to function in an active capacity on an ambulance crew.
- ❖ All members and employees are obligated to follow our policies.
- ❖ All crew members are required to attend a state accredited Emergency Medical Technician course within one year of application.
- ❖ New members and employees are considered probationary for a period of six months. Prior to being taken off the probationary member list, the member will be evaluated by the Training Supervisor for approval to be removed from probationary status. Probationary members and employees may be discharged from the service at any time.
- ❖ Crew members under the age of 18 years are subject to additional limitations and requirements and must submit a valid work permit with this application.
- ❖ By signing below, you voluntarily give Seneca Area Emergency Services the right to investigate the information given on this application and you hereby release all parties listed supplying such information from any liability or responsibility.
- ❖ The confidentiality of the information will be maintained by Seneca Area Emergency Services.
- ❖ By signing below, you certify that you have answered all foregoing questions truthfully and to the best of your ability and you understand that misrepresentation will be considered grounds for rejection or dismissal from this service.

Signature of applicant:	Date:
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## ***Submission instructions***

Submit to SAES as follows:

In person to:

- the Chief (Director)
- any Assistant Chief (Assistant Director)
- any Supervisor
- the on-duty Crew Chief

By mail to:

Training Supervisor  
Seneca Area Emergency Services  
1885 Main Street  
Sharpsburg PA 15215

By fax: 412-781-3477