



Valley Ambulance Authority

Employment Application

Valley Ambulance Authority considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability or any other legally protected status.

Full Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (County) (State) (Zip)

Home Phone: () _____ Cell Phone: () _____ Email: _____

Are you currently a US citizen? Are you legally authorized to work in the United States? Yes No
Proof of citizenship and/or immigration status will be required upon employment.

Positions Applying For: (1) _____ (2) _____

Check the employment status you are seeking? Full-time Casual, Part-time Volunteer Other

Shift Availability? All Daylight Evening Nights Weekends

Have you ever filed an application with VAA before? Yes No If yes, when? _____

Have you previously been employed by Valley Ambulance Authority? Yes No If yes, when? _____

How were you referred to VAA? Please describe? _____

Certifications: *(Please submit photocopies of all licenses and certifications with application)*

CPR (Healthcare Provider or equivalent) Expiration Date: _____

PA Department of Health EMT Certification – Date of Initial Cert: _____ Exp. Date: _____

PA Department of Health Paramedic Certification – Date of Initial Cert: _____

National Registry Certified? Yes No

ACLS – Exp. Date: _____ PALS - Exp. Date: _____ PHTLS/ITLS- Exp. Date: _____

HAZMAT Awareness – Last Date Completed: _____

ICS 100 ICS 200 ICS 300 NIMS IS 700 IS 800

Instructor Certifications: _____

Other Certifications or Licenses: _____

Applicants for jobs which require driving skills: Do you possess a valid PA Driver's License? Yes No

EVOC: Date Completed: _____ Expiration Date: _____

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List your last (or present job) first, and all others in descending order. Be sure to list all employment for the past 15 years, including any military service.

MOST RECENT EMPLOYER:

Company Name: _____ Name of Supervisor _____

Address: _____ Phone # () _____

Positions: _____ Employment Dates: From: _____ To: _____

Reason For Leaving: _____ Salary Initial: _____ Final: _____

WHERE DID YOU WORK PRIOR TO THE ABOVE EMPLOYER?

Company Name: _____ Name of Supervisor _____

Address: _____ Phone # () _____

Positions: _____ Employment Dates: From: _____ To: _____

Reason For Leaving: _____ Salary Initial: _____ Final: _____

WHERE DID YOU WORK PRIOR TO THE ABOVE EMPLOYER?

Company Name: _____ Name of Supervisor _____

Address: _____ Phone # () _____

Positions: _____ Employment Dates: From: _____ To: _____

Reason For Leaving: _____ Salary Initial: _____ Final: _____

** Please provide additional previous employment information on supplemental pages, if necessary.*

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Personal or Professional References:

Name	Address	Telephone Contact #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If your name has been changed since you previously worked here or at the companies above, please write your previous name here: _____

Education Record

Name of High School _____	High School Degree or GED Obtained
Address of High School _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
City, State Zip Code: _____	

Type	Name & Address of Educational Institution	# Years	Major	Degree or Certificate Obtained
EMT Program				
College/ University				
Post Graduate Education				
Paramedic Program				

Other: _____

Have you ever been disciplined or discharged due to an act of violence in the workplace? Yes No

Have you ever plead guilty and/or no contest and/or been convicted *of any crime other than a minor traffic offense*? Yes No If yes, please explain: _____

(Conviction may not necessarily disqualify applicant from employment)

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Are you capable of performing, in a reasonable manner, the essential functions and activities involved in the job for which you have applied **with** or **without** reasonable accommodations (Please circle)

Do you have any relatives working here? Yes No If yes, please identify _____

I understand that due to the nature of the job, I may be required to work overtime. _____ (initials).

If accepted for work here, I could begin work as of this date: _____

CERTIFICATION

With the submission of this application and supporting documentation, I, HEREBY certify that all statements and information submitted is true and correct to the best of my knowledge and belief.

Any misrepresentation or omissions on this application may be sufficient cause for rejection of the application; dismissal after employment; or other applicable civil and criminal sanctions and penalties.

The offer of employment, if any, is conditional; pending final approval of any required employment physical examination (which may include a substance and alcohol screenings); a comprehensive background investigation (including criminal history; driving records / history and consumer credit report); and successful completion of the orientation and probationary periods.

It is understood that my employment with the Valley Ambulance Authority is AT WILL and may be discontinued at any time by either the Valley Ambulance Authority or myself. If accepted for employment, I hereby agree to abide by the rules and policies of my employer, Valley Ambulance Authority.

(Signature)

(Date)

(Printed Name of Signer)

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BACKGROUND AND REFERENCE CHECK AUTHORIZATION FORM

I have applied for a job with Valley Ambulance Authority. As part of the application process and ongoing employment, I understand that Valley Ambulance Authority will conduct an initial and ongoing background and reference checks which will include review of public and other records to confirm my qualifications for employment including but not limited to criminal history, child abuse history clearance, background checks and driving records.

I hereby authorize Valley Ambulance Authority to conduct periodic background and reference checks as part of my initial application process and ongoing employment. Further, on behalf of myself and my heirs, assignees, and personal representatives, I hereby release and forever discharge Valley Ambulance Authority., their employees, agents and contractors from any and all causes of action, liability, claim, loss, cost, or expense, and promise not to sue on any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to these ongoing background checks.

I also hereby authorize Valley Ambulance Authority and their representatives to consult with administrators/ supervisors and academic institutions with which I have been associated and with others who may have information bearing on my professional competence and background. I hereby release from any liability any and all individuals and organizations listed above who provide information to the Valley Ambulance Authority in good faith concerning my professional competence, educational credentials, ethics, character and other qualifications and I hereby consent to the release of such information.

(Signature)

(Date)

(Printed Name of Signer)

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CONSENT TO PERFORM MEDICAL EXAMINATION AND/OR DRUG ALCOHOL TESTING

I, _____, am an applicant for employment at Valley Ambulance Authority. I understand that my physical condition may affect my work performance and my ability to carry out my job duties, and may endanger the safety and welfare of patients and employees at Valley Ambulance Authority. In order to enable Valley Ambulance Authority to fulfill its obligation to provide a safe environment for patients and employees, **I CONSENT TO THE PERFORMANCE OF A POST OFFER MEDICAL EXAMINATION AND DIAGNOSTIC PROCEDURES**, including but not limited to the collection of blood and/or urine samples to test the presence of alcohol and/or drugs and/or chest x-ray.

I furthermore **AUTHORIZE THE RELEASE** of any and all medical information obtained during the examination and testing procedures to the Valley Ambulance Authority

I understand that at **ANY TIME** during my employment I may be tested for drugs and/or alcohol. If the results of such testing are **CONFIRMED POSITIVE** or I refuse to cooperate fully with a medical examination or testing procedures I may be subject to discipline, including termination. I release Valley Ambulance Authority and its employees, agents and physicians from any claims, liability or damages arising out of its performance of a medical and/or diagnostic procedure.

(Applicant/Employee Signature)

(Date)

(Witness)

(Date)

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. **DO NOT send cash or personal check.**
 Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170
APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

M F

COUNTY YOU LIVE IN

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- Child Care Services Employee
- Foster Care Adoption School Employee
- Employment with a significant likelihood of regular contact with children
- Volunteers - A copy of your **PROCESSED** "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their **PROCESSED** FBI clearance (Form FD-258).
- DPW Employment & Training Program Participant
(signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

1. (LAST, FIRST, MIDDLE)
2. (LAST, FIRST, MIDDLE)
3. (LAST, FIRST, MIDDLE)
4. (LAST, FIRST, MIDDLE)
5. (LAST, FIRST, MIDDLE)

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II		RESULTS OF HISTORY CHECK	
<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.		<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).	
STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.	-	3.	-
2.	-	4.	-
_____		_____	
VERIFIER	DATE	VERIFIER'S SUPERVISOR	DATE

SECTION III		VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES	
<p>_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.</p> <p>The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.</p> <p>It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.</p>			
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE			
<p><input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred in the last five years.</p> <p><input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred over five years ago.</p> <p><input type="checkbox"/> Applicant is named as the perpetrator of an indicated child abuse or school employee report.</p> <p><input type="checkbox"/> Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.</p>			
PENNSYLVANIA STATE POLICE CLEARANCE			
<p><input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> No record exists. Report attached.</p>			
FBI CLEARANCE			
<p><input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> No record exists. Report attached.</p> <p><input type="checkbox"/> No FBI clearance required.</p>			
_____		_____	
VERIFIER	DATE	VERIFIER'S SUPERVISOR	DATE

**DIRECTIONS TO COMPLETE THE
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE APPLICATION:**

1. Applicants are to complete Section I only.
2. Type or print clearly and neatly in ink only.
3. The space for the applicant's name must be the applicant's full legal name. An initial is not acceptable for a first name. The address listed must be applicant's current home address. This is also where the results of the clearance will be mailed.
4. The applicant's Social Security number is voluntary. If filling in the Social Security number please fill in the entire Social Security number.
5. Age – Fill in the applicant's current age.
6. Date of Birth – Fill in the applicant's date of birth (Example: 01/22/1990).
7. Daytime Phone Number – Fill in the number for where the applicant can be reached in the event that there are questions about the information on the application.
8. Sex – Check the appropriate box for male or female.
9. County You Live In – Fill in the name of the county where you reside (this should be the county for the address that the applicant filled in the space on the left of this section).
10. **Purpose of Clearance** – Do not check more than one block:
 - a. Check the Child Care box if planning to work in a day care or child care setting.
 - b. Check the Foster Care box if applying as a prospective foster parent.
 - c. Check the School Employee box if seeking to have involvement within a school (public, private, vocational, or technical) for employment or volunteer purposes OR check this box if a child abuse clearance is needed due to enrollment in an educational program such as a nursing school or technical program.
 - d. Check the Adoption Block if in the process or planning to adopt a child.
 - e. Check Employment With A Significant Likelihood of Regular Contact With Children if NONE of the other options relate to why a child abuse clearance is needed.
 - f. Check the Volunteers box if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League, or churches. As noted on the form, if the Volunteer box is checked, the applicant must also attached A COPY of the RESULTS from their PA State Police Criminal History Record Check. Do not send original criminal record results because the original cannot be returned. If the applicant is not a current Pennsylvania resident, the applicant must also attach a copy of their FBI Criminal History results obtained within the past year.
 - g. Check the DPW Employment & Training Program Participant box if the applicant is participating in a Department of Public Welfare employment and training program through a county assistance office, or CAO, or the Office of Income Maintenance, OIM. The signature **AND** phone number of the CAO or OIM representative is required.
11. Previous Names Used Since 1975 - The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, aliases and also known as (aka) names.
12. Previous Addresses Since 1975 - List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location will be acceptable.
13. Household Members - Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). If the applicant was under the age of 18 in 1975 this section must include other household members who lived with the applicant or with whom the applicant lived. Please note the household member's relationship to the applicant, their age (to the best of your knowledge) and their sex. Applications where this section is left blank will be rejected and returned to the applicant.
14. Applications must be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.
15. Enclose a \$10.00 money order for each application. No cash or personal checks will be accepted. Agency or business checks are acceptable.
16. Do not send any postage paid return envelopes for us to return your results. Results are issued through an automated system generated mailing process.

Note: Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. Failure to comply with the above instructions will cause considerable delay in processing the results of an applicant's child abuse clearance.