

**Rostraver - West Newton Emergency Services, Inc.**  
 100 Pleasant Valley Boulevard  
 P.O. Box 603  
 Belle Vernon, Pennsylvania 15012



## APPLICATION FOR EMPLOYMENT

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Pennsylvania Drivers License Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Are you a U.S. Citizen:  Yes  No *(if not you must show proof of being able to hold employment in the U.S.A)*

**Position Requested:**

Position	✓	Certification #	Expiration
E.M.T. Paramedic	<input type="checkbox"/>		
E.M.T	<input type="checkbox"/>		
Position	✓	Please List Specific Position Requested	
Dispatcher	<input type="checkbox"/>		
Office Staff	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		

Are you interested in:  Full Time  Part Time  Other: \_\_\_\_\_

What date are you available to begin employment: \_\_\_\_\_

Have you been convicted of a felony in the past seven (7) years:  -Yes  -No

If yes please explain: \_\_\_\_\_

Education:				
School	Location	Course of Study	Year of Graduation	Degree or Diploma



<b>Employment History</b>		
<i>Start with current or last employment and also include military service, and volunteer activities</i>		
Employer:	Date Employed From:	Date Employed To:
Address:		
Job Title:		
Job Description:		
Reason for Leaving:		
Employer:	Date Employed From:	Date Employed To:
Address:		
Job Title:		
Job Description:		
Reason for Leaving:		
Employer:	Date Employed From:	Date Employed To:
Address:		
Job Title:		
Job Description:		
Reason for Leaving:		

<b>References: Please list three people not related to you for a professional reference</b>		
Name:	Address:	Phone:

**Authorization to Release Information:**

I have applied for employment with Rostraver – West Newton Emergency Services, inc. I hereby authorize my previous employers and schools, as well as individuals, to release any and all information regarding any employment, scholastic and/or personal behaviors and characteristics. I hereby certify that I release all those aforementioned parties from all liability for any damage for issuing this information. I also certify all information listed on this application is correct to the best of my knowledge. Any misrepresentation or falsification of information is grounds for immediate termination of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Applications are considered for all positions, for which they meet Rostraver – West Newton Emergency Services, Inc. qualifications, without regards to race, color, religion, sex, national origin, age, marital status, veteran's status, or the presence of non-job-related medical condition or disability. It is the policy of Rostraver – West Newton emergency Service, Inc. to hire only United States citizens and persons lawfully authorized to work in the United States.*

