

**Borough of Paramus – Division of Emergency Medical Services
Employment Application**

Instructions: Use computer, typewriter or ink. Applications that are not properly and legibly completed will not be accepted; they may be rejected or returned. All items except signature are to be printed in block letters. If necessary for any particular question, use additional pages to complete your information.

1. Name (print): _____
First Middle Initial Last

2. Current Address: _____
Number & Street

City State Zip Code Phone Number (Primary)

3. How long at this address: Years: _____ Months: _____

4. Social Security Number: _____

5. Email Address: _____

6. Are you currently enrolled in the Public Employees Retirement System (PERS)? Yes No

7. Do you possess a valid driver's license? Yes No

Driver's License Number: _____

8. Are you a US Citizen? Yes No If Naturalized, give date: _____
MM/DD/YYYY

9. Did you serve in the military? Yes No If "Yes", give the branch of service, date of enlistment, date and type of discharge, rank/ranks attained and whether or not you saw active duty.

10. Can you speak, read or write any language besides English? Yes No If "yes", specify language and to what degree.

11. Answering "yes" to any of the following questions will not necessarily preclude the application from consideration

a. Have you ever been arrested? Yes No

b. Have ever been convicted of a crime or a motor vehicle moving violation? Yes No

If you have answered "yes" to either question, please describe each arrest/offense conviction, the year and the court:

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Employment History (Continued)

Employer: _____ Position Held: _____

Address: _____ Employed From: _____ to _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Position Held: _____

Address: _____ Employed From: _____ to _____

Responsibilities: _____

Reason for Leaving: _____

15. Why are you applying for employment by the Borough of Paramus, Division of Emergency Medical Services?

16. Have you ever been a member of an emergency services organization? Yes No

If "yes", provide the name of the organization(s) and the reason for leaving.

17. List below any related and current certification(s) or credentials you possess:

18. Do you know of anything that would disqualify you for employment by the Borough of Paramus, Division of Emergency Medical Services, or prevent your full discharge of the official duties of such a position? Yes No

If "yes", please provide details.

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19. In the space below please indicate any experience and/or training you have had or any specialized ability, which, in your opinion, may qualify you for the position for which this application is filed. Describe fully the position you have held which required executive ability, the exercise of authority, and the ability to lead others.

20. Check (✓) the shift times you are available.

	0000-0659	0700-1259 or 0600-1159	1300-1859 or 1200-1759	1900-2359 or 1800-2359
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Submit the the following:

- Copy of high school diploma
- Copy of driver license
- Copy of EMT card
- Copy of CPR card
- Evidence of bloodborne pathogens training, if available not available
- Evidence of epinephrine auto-injector training, if available not available
- Evidence of Narcan training, if available not available

22. All applicants must sign the following:

"I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should an investigation disclose such misrepresentations or falsifications, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Borough of Paramus."

Signature of Applicant

Date (MM/DD/YYYY)