

LAKEWOOD EMS DEPARTMENT



APPLICATION FOR
EMT-B

**APPLICATION: Emergency Medical Technician
Lakewood EMS Department
1555 Pine Street
Lakewood, NJ 08701**

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Age: ____ Date of Birth: ____/____/____ Home Number: _____ Cell Number: _____

Email Address: _____

Do you have a Facebook account? Yes No What is your screen name? _____

Do you have a Twitter account? Yes No What is your screen name? _____

Do you belong to any other social networking sites? Yes No

Please list them:

READ CAREFULLY PRIOR TO FILLING OUT APPLICATION

INSTRUCTIONS

Read every question carefully. Answer every question, leave no blank spaces, if a question does not apply to you, use "Not Applicable", or "N/A". A candidate may be rejected who has intentionally made a false statement of a material fact; and/or practiced, or attempted to practice any deception or fraud in this application or any other application, in an attempt to secure eligibility for appointment.

The candidate shall personally prepare this form. All entries, except the signatures, must be hand written in black ink.

If the space provided for answering any question is insufficient, attach a separate sheet of paper and include the question and question number above the answer or continuation.

Official Use Only --- Do Not Write in this Box

Date Received: ____/____/____

Receiving Officer: _____

Interview: Yes ____ No ____

Approved: Yes ____ No ____

Initials: _____



Lakewood EMS Department

1555 Pine Street
Lakewood, NJ 08701

Lakewood Police Department
231 3rd Street
Lakewood, NJ 08701

RELEASE AUTHORIZATION AUTHORIZATION RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
Place of Birth	City	County	State	Country	

This release, when presented by a duly authorized representative of the Lakewood EMS Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Lakewood EMS Department: Employment, Educational, Medical, Psychological, Selective Service, Police and Criminal, Motor Vehicle and Driving, Financial and Credit, and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Lakewood EMS Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Lakewood EMS Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Lakewood EMS Department. I understand that all materials pertaining to this background investigation become the property of the Lakewood EMS Department, and will not be returned to me.

I agree to identify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY;

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

Initials: _____

Formatted: Font: 12 pt
Formatted Table

Formatted: Font: +Body (Calibri)

Formatted: Font: +Body (Calibri)

Formatted Table

Formatted: Font: +Body (Calibri)

Formatted: Font: +Body (Calibri)

Formatted: Font: +Body (Calibri)

Formatted: Font: +Body (Calibri)

Formatted: Font: 14 pt

Formatted: Font: 14 pt

Formatted: Font: 10 pt

Formatted: Left

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt, Italic, Font color: Red

Formatted: Font: 10 pt

Formatted: Font: 10 pt, Italic, Font color: Red

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt, Bold

Formatted: Font: 10 pt, Bold, No underline

Formatted: Font: 10 pt, Bold

Signature: _____

Signature: _____

State of _____ ; Street Address: _____

County of _____ ; City, State, Zip Code: _____

Subscribed and sworn before me this _____ day of _____, 20_____

My commission expires: _____, Signature of Notary: _____

- Formatted: Font: 10 pt
- Formatted: Font: 10 pt
- Formatted: Font: 10 pt
- Formatted: Font: 10 pt
- Formatted: Font: 10 pt
- Formatted: Font: 10 pt

DEMOGRAPHIC INFORMATION

Name: _____

Date of Birth: ____/____/____

Sex: _____ Race: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Place of Birth: _____

Citizenship: _____

Social Security Number: ____ - ____ - ____

Current Address: _____
(Street) (City) (State) (Zip)

Home Phone Number: _____ Cell Phone Number: _____

Employer and Address: _____ Supervisor's Name: _____

Supervisor's Phone Number: _____

Occupation: _____

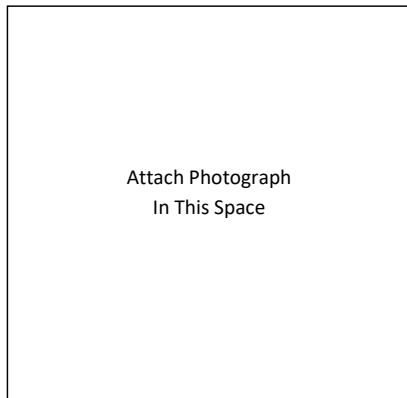
Scars, Marks, Tattoos, Amputations: _____

Alias: _____

Initials: _____

Name and Address of Nearest Relative and Relationship: _____

Driver's License Number: _____ State: _____



1. What is your full name? _____
(Last) (First) (Middle)

2. Give any other names you have used or have been known by and attach a statement giving reasons.

A. _____ D. _____
B. _____ E. _____
C. _____ F. _____

3. Date of birth: ____/____/____ Age at time of application: ____

Sex: ____ Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

4. Where were you born? _____
(Hospital) (City) (State)

5. Birth Certificate: _____
(City) (County) (State)

6. Check one of the following:

Initials: ____

- Asian
- Black (Non-Hispanic)
- White (Non-Hispanic)
- Hispanic/Latino
- American Indian/Alaskan Native
- Hawaiian Native/Pacific Islander

7. Social Security Number: _____ - _____ - _____ State Issued: _____

8. Do you wear contact lenses or glasses? Yes No

If yes, explain: _____

CITIZENSHIP

9. Are you a native born or naturalized citizen? Native Born Naturalized Other

If you are of foreign birth or are a naturalized citizen, complete the following. If you are native born, enter N/A for the following questions.

Country of Birth: _____

Port or place of departure to the United States: _____ Date: ____/____/____

How were you transported to the United States? (Ship, Plane, Train, etc.) _____

Name of transport conveyance and/or company you arrived on? _____

Port or place of entry into the United State: _____ Date: ____/____/____

If you are a naturalized citizen, enter the name and address of the person who sponsored you on arrival:

Name: _____

Address: _____

First address after arrival: _____

How did you obtain citizenship? (Give Details) _____

Initials: _____

Petition Number: _____ Date: ____/____/____ Court: _____

State: _____ Certificate Number: _____

10. Have you ever been subject to court ordered child support or any other type of child support? Yes No

If yes, explain where and when: _____

11. Have you ever been arrested for violating this order, or have any warrants for your arrest been issued?

Yes No (If yes, explain below)

Name of Charge, Arrest, or Conviction	Date of Arrest	Name & Address of Police Agency & Court	Disposition of Sentence

12. Have you ever been arrested for domestic violence? Yes No (If yes, explain below)

Name of Charge, Arrest, or Conviction	Date of Arrest	Name & Address of Police Agency & Court	Disposition of Sentence

13. Have you ever been served with a Domestic Violence Restraining Order? Yes No

If yes, list location, dates, and whether or not the order is still in effect:

Location	Date(s)	Is the order still in effect?

What was the final disposition? _____

14. Have you ever been involved as a plaintiff or defendant in a paternity proceeding or any other criminal or civil proceeding? Yes No

Initials: _____

If yes, give full details: _____

15. Give four references (not relatives, former employers, or school teachers) that are responsible adults or reputable standing in their communities, such as householders, property owners, business or professional men and women, who have known you well during the past FIVE (5) years, excluding employees working for the Lakewood EMS Department.

Attach letters of recommendation from each of the below to THIS application. (If no letter attached the reference listed will/may be contacted)

A. Complete Name: _____ Number of Years Acquainted: _____
Address: _____ Phone #: _____
How Acquainted: _____

B. Complete Name: _____ Number of Years Acquainted: _____
Address: _____ Phone #: _____
How Acquainted: _____

C. Complete Name: _____ Number of Years Acquainted: _____
Address: _____ Phone #: _____
How Acquainted: _____

D. Complete Name: _____ Number of Years Acquainted: _____
Address: _____ Phone #: _____
How Acquainted: _____

Initials: _____

EDUCATION

16. List chronologically (earliest dates first) all schools, colleges, and training courses you have attended:

School	Exact Address	Dates From To	# of Years Attended	Type of Degree	Graduated? Yes / No

17. What college degree(s) do you possess?

Type of Degree	School	Date Obtained	Major	G.P.A.	Total Credits

18. What professional license(s) do you possess?

Type of License	Agency or Organization	Date Obtained	License Number

19. Other than English, what language(s) do you speak or understand?

Enter the language, and then in the following four categories enter your proficiency level:

Use either: *Fluent, Good, Poor, or N/A*

Initials: _____

Language	Speak	Understand	Read	Write

MILITARY SERVICE

20. Have you ever served in an active military organization of the United States? Yes No

21. Have you ever served in a military organization of any foreign government? Yes No

If you answered yes to question #40, please explain below:

22. Give branch of service: _____

23. Military Specialization: _____

24. Highest Rank Held: _____

25. How many periods of active military service have you had (drafts, enlistments, or recall to service)?

26. Give period(s) of active service:

From Date	To Date

27. Have you served outside the United States for any period(s) of time? If so, give details, locations, dates, etc.:

Initials: _____

28. List all medals and decorations awarded to you as a member of the armed forces:

EMPLOYMENT

29. Present Employer: _____

Address: _____

Date Hired: ____/____/____

Describe Job Duties: _____

30. Are you now engaged in any business as an owner (active or silent, partner, stockholder, or corporate member?)

Yes No

If yes, explain: _____

31. Has your name ever been submitted or used as a trustee, officer, or in any capacity, of any labor or trade union, organization, or affiliate? Yes No

If yes, explain: _____

32. List below chronologically, earliest dates first, each and every place you were previously employed for the previous 10 years. OMIT NONE. Give correct, full addresses. Give dates of idleness between periods of employment in proper sequence. Include all part-time employment.

From Mo./Yr.	To Mo./Yr.	Name, Address & Phone Number of Employer	Position Held	Immediate Supervisor	Reason for Leaving
--------------	------------	--	---------------	----------------------	--------------------

Initials: _____

Lakewood Township EMS Department, Lakewood NJ

32. (Continued)

From Mo./Yr.	To Mo./Yr.	Name and Address of Employer	Position Held	Immediate Supervisor	Reason for Leaving

33. Were you ever discharged or asked to resign from employment? Yes No

If yes, give an explanation and details of discharge or forced resignation below:

Employer	Address	Date	Supervisor	Reason

Initials: _____

--	--	--	--	--

34. Were you ever subjected to disciplinary action in connection with any employment? Yes No

If yes, explain: _____

ARRESTS, SUMMONSES, ETC.

35. Have you ever been arrested for or charged with Juvenile Delinquency in this state or any other state?

Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

36. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, or federal agency, committee or other investigative body? Yes No

If yes, explain: _____

37. Have you ever been arrested for anything in this state or any other state? Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

Initials: _____

38. Have you ever been arrested for or charged with a violation of the disorderly persons act or any city ordinance in this state or any other state? Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

39. Have you ever been arrested, indicted, or convicted for any violation of the criminal law in this state or any other state? Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

40. Have you ever had a criminal or arrest record expunged? Yes No

If yes, explain: _____

41. Have you ever been held as a material witness? Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

42. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason in this state or any other state? Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

Initials: _____

43. Have you ever been fingerprinted? (Exclude only present application with this department) Yes No
 If yes, complete the following:

Location	Date	Purpose

MOTOR VEHICLE HISTORY

44. Have you ever received a summons or a violation of the Motor Vehicle Laws in this state or any other state?
 (Exclude overtime parking violations) Yes No

If yes, complete the following?

Date	Offense	Location	Court Disposition	Your age (at time)	Police Agency

45. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever revoked in this state or any other state? Yes No

If yes, which license? _____ Date: ___/___/___

Location: _____ Reason: _____

46. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever suspended in this state or any other state? Yes No

If yes, which license? _____ Date: ___/___/___

Location: _____ Reason: _____

47. If the answer to either of the two above questions was YES – was such Registration Certificate or Driver's License ever restored? Yes No

Initials: _____

