



Delran Emergency Squad

Employment Application

TO: Applicants Career Positions
FROM: Donald F. Horner, Chief of EMS
SUBJECT: Employment Applications

Thank you for expressing an interest in the Delran Emergency Squad.

The Delran Emergency Squad provides Emergency Medical Services to Delran and Riverside Townships.

Candidates for employment must meet the following criteria:

- Must be 21 years old
- Must be in good physical health
- Must be able to lift 125 lbs.
- **Must pass written, practical, and documentation skills tests**
- Must be proficient with patient charts on Toughbooks/iPads (emsCharts Mobile) and EMS Charts
- Must have valid NJ EMT Certification
- Must have valid CPR Certification recognized by the New Jersey Department of Health
- Must have valid NJ Driver's License
- Must have one year of experience answering 911 calls
- Must complete CEVO Training within 6 months of hire date
- Must have ICS 100, ICS 200, ICS 700, and ICS 800

Attach copies of all required certifications listed above with application. Applicants will need to complete a pre-employment physical.



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All applicants must agree to the following conditions as a pre-requisite to potential employment. Failure to follow any of these conditions will disqualify you from the application process.

1. Please answer all questions on the application.
2. Any incomplete applications will be discarded.
3. Do not call the station about your application as this will disqualify you from the application process.
4. Submitting an application does not mean that you will be interviewed for the position.
5. The position that is open is a Per Diem Emergency Medical Technician. Applicants must be available for one (1) Saturday 6a-6p and one (1) Sunday 6a-6p as well as one (1) night shift 11p-6a each pay period OR three (3) 6p-6a shifts in each pay period.
6. The Chief of EMS has the final decision on employment.
7. **Applications must be submitted by mail. Instructions can be found on the bottom of the last page of the application.**

Signature

____/____/____
Date



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EMPLOYMENT APPLICATION

Full Name: _____
Last First M.I.

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ x ____

Cell Phone: (____) ____ - ____ Pager: (____) ____ - ____

Date of Birth: ____ / ____ / ____ SSN: ____ - ____ - ____

Are you a citizen or legal resident of the United States? ☐ Yes ☐ No

(In accordance with Federal Law, proof of US Citizenship or immigration status will be required if you are hired.)

Have you ever plead guilty or been found guilty of a crime, disorderly persons offense, or a municipal ordinance involving moral turpitude? ☐ Yes ☐ No (Employment is conditional upon the results of a criminal background check)

If you answered yes, explain (include jurisdiction): _____

Driver's License: State: ____ Number: ____ Expires: ____ / ____ / ____

Has your driver's license ever been revoked? ☐ Yes ☐ No

If you answered yes, explain: _____

Date you can start: ____ / ____ / ____ Are you currently employed?: ☐ Yes ☐ No

May we contact you at work? ☐ Yes ☐ No May we contact your current employer? ☐ Yes ☐ No

Are you currently on "layoff" status and subject to recall? ☐ Yes ☐ No

Please Mark Your Weekly Availability
(include the times that you are available)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Delran Emergency Squad
900 S. Chester Avenue
PO Box 1310
Delran, NJ 08075
Office: (856) 461-1210 Fax: (856) 764-4210



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Please list your last four places of residence (starting with your current address) – No PO Boxes

Dates	Address	City	State	Zip
- Present				

Please list your last four places of employment (starting with your current employer – No PO Boxes)

Dates	Business	Address	City	State	Job Title	Phone

Please list your Educational Background

Dates	Degree or Diploma	Institution	City	State

Please list any current and previous Emergency Medical Service or Fire Service Affiliations

Dates	Agency	City	State	Phone



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As an applicant for a position with the Delran Emergency Squad, I understand and agree that I must provide truthful and accurate information in this application. I understand that I may be separated from employment if the Delran Emergency Squad later discovers that information on this form was incomplete, untrue, or inaccurate.

I give the Delran Emergency Squad the right to investigate the information I have provided and to talk with former employers. I give the Delran Emergency Squad the right to secure additional job-related information about me. I release the Delran Emergency Squad and its representatives from all liability for seeking such information.

I understand that the Delran Emergency Squad is an Equal Opportunity Employer and does not discriminate in its hiring practices. I understand that the Delran Emergency Squad will make reasonable accommodations as required by the Americans with Disabilities Act.

I understand that, if employed, I may resign at any time and the Delran Emergency Squad may terminate me at any time in accordance with established policies and procedures. No representative(s) of the Delran Emergency Squad may make assurances to the contrary.

I understand that any offer(s) of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that I may be subject to a complete background and criminal check.

Signature: _____ Date: ____ / ____ / ____

PLEASE PROVIDE LEGIBLE COPIES OF ALL CURRENT EMS/FIRE/RESCUE CERTIFICATIONS AND DRIVER'S LICENSE

SUBMIT ALL APPLICATIONS BY MAIL TO:

ATTN: CHIEF DONALD F. HORNER
DELTRAN EMERGENCY SQUAD
P.O. Box 1310
DELTRAN, NJ 08075

APPLICATIONS SUBMITTED USING OTHER MEANS
(INCLUDING, BUT NOT LIMITED TO, FAX OR E-MAIL) WILL NOT BE ACCEPTED

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