



**WHITEHALL MEDICAL TRANSPORT**  
1041 N 6th St Whitehall PA 18052  
PH: (610) 262-2403  
FAX: (866) 717-6619  
EMAIL: info@whitehallmedicaltransport.com  
WWW.WHITEHALLMEDICALTRANSPORT.COM

**EQUAL OPPORTUNITY & AFFIRMATIVE ACTION EMPLOYER**

Whitehall Medical Transport, Inc. Recognizes that all people are entitled to equal employment opportunities, and in its recruitment, training and compensation practices, the best qualified individual, based on organizational requirements, shall be selected, without regard to race, creed, color, sex, sexual orientation, age, or national origin, as well as mental and physical handicaps that do not interfere with job performances.

Status request for application:  Volunteer       Salaried Position (**minimum 1yr exp.as EMT**)

Duties:  EMT     Driver     Other

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Soc Sec # \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

County: \_\_\_\_\_ U.S. Citizen:  Yes  No **If no**, list your alien registration # \_\_\_\_\_

Home Telephone ( ) \_\_\_\_-\_\_\_\_ Other ( ) \_\_\_\_-\_\_\_\_ Driver License # \_\_\_\_\_

Position applied for or type of work desired: \_\_\_\_\_

Who referred you to Whitehall Medical Transport? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No **If yes**, explain and list date of conviction in space below

\_\_\_\_\_

A conviction record will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness, and nature of violence and rehabilitation will be taken account.

**SALARIED POSITIONS ONLY**

What date could you begin work? \_\_\_\_/\_\_\_\_/\_\_\_\_  As soon as possible

How much notice will you need prior to employment? \_\_\_\_\_

Will you accept part time employment if available?  Yes  No

**EMERGENCY SERVICE CERTIFICATION & TRAINING**

Certification/Course Name \_\_\_\_\_ Exp Date \_\_\_/\_\_\_/\_\_\_ State \_\_\_ Certification# \_\_\_\_\_  
Certification/Course Name \_\_\_\_\_ Exp Date \_\_\_/\_\_\_/\_\_\_ State \_\_\_ Certification# \_\_\_\_\_  
Certification/Course Name \_\_\_\_\_ Exp Date \_\_\_/\_\_\_/\_\_\_ State \_\_\_ Certification# \_\_\_\_\_  
Certification/Course Name \_\_\_\_\_ Exp Date \_\_\_/\_\_\_/\_\_\_ State \_\_\_ Certification# \_\_\_\_\_  
Certification/Course Name \_\_\_\_\_ Exp Date \_\_\_/\_\_\_/\_\_\_ State \_\_\_ Certification# \_\_\_\_\_  
Certification/Course Name \_\_\_\_\_ Exp Date \_\_\_/\_\_\_/\_\_\_ State \_\_\_ Certification# \_\_\_\_\_  
Certification/Course Name \_\_\_\_\_ Exp Date \_\_\_/\_\_\_/\_\_\_ State \_\_\_ Certification# \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_  
Last Grade Completed  9  10  11  12 Graduated  Yes  No GED  Yes  No  
Business School \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_  
Years Completed \_\_\_\_\_ Degree Received \_\_\_\_\_  
College \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_  
Years Completed \_\_\_\_\_ Degree Received \_\_\_\_\_  
Other School \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_  
Years Completed \_\_\_\_\_ Degree Received \_\_\_\_\_

**EMERGENCY SERVICE AFFILIATIONS**

Emergency Service \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Chief \_\_\_\_\_  
Address \_\_\_\_\_ Type of Involvement \_\_\_\_\_  
Emergency Service \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Chief \_\_\_\_\_  
Address \_\_\_\_\_ Type of Involvement \_\_\_\_\_  
Emergency Service \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Chief \_\_\_\_\_  
Address \_\_\_\_\_ Type of Involvement \_\_\_\_\_

## EMPLOYMENT HISTORY

Please indicate most current and/or most recent employers first

Employer \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_ - \_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Responsibilities \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ May we Contact as a reference?  Yes  No

Employer \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_ - \_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Responsibilities \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ May we Contact as a reference?  Yes  No

Employer \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_ - \_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Responsibilities \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ May we Contact as a reference?  Yes  No

## REFERENCES

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_ - \_\_\_\_

**EMERGENCY CONTACTS**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph # \_\_\_\_\_

**OTHER STATEMENTS**

**Please list any other qualifications, skills, or experience which you feel would relate to your employment with Whitehall Medical Transport, Inc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION**

**Please read thoroughly prior to signing**

I certify that all data provided on this application is true and accurate. I understand that it will be carefully checked and that willful misrepresentation or omission of facts on my part may be justification for separation from the Organization's services, if employed. I authorize you or my former employers or references to furnish any information concerning my personal background or employment record and I hereby release such person from any liability on account of having furnished this information. I understand that if employment is obtained under this application, the organization does not guarantee employment for a fixed term. Finally, I hereby agree to submit to a physical examination if requested by the Organization and I attest to the fact that I am now physically capable of performing all responsibilities within the scope of the position for which I am applying.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Prior to any applicant being accepted as an employee of Whitehall Medical Transport, Inc., a criminal background report will be requested from the Commonwealth of Pennsylvania. This process will be done through the Pennsylvania State Police in Harrisburg, PA. Each applicant is responsible for the processing fee of \$10.00, which is the amount PSP charges for the report. If you agree to these terms, submit with application the criminal background report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WHITEHALL MEDICAL TRANSPORT, INC. USE ONLY**

Acceptance for Employment:     Declined     Accepted,    Date of Acceptance    \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **BACKGROUND CHECK AUTHORIZATION FORM**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other name(s) that may have been used in the past \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any criminal convictions? \_\_\_\_\_

If YES, briefly explain the nature \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Country and State that the conviction(s) occurred \_\_\_\_\_

Date(s) of conviction(s): \_\_\_\_\_

I \_\_\_\_\_ hereby give permission to INTERSTATE NURSING

SERVICES dba WHITEHALL MEDICAL TRANSPORT to run a background check on

the information provided on this form.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---



**REFERENCE CHECK AUTHORIZATION FORM**

I \_\_\_\_\_ hereby give permission to INTERSTATE NURSING SERVICES dba WHITEHALL MEDICAL TRANSPORT to perform an employee reference check on the information provided on the application.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_