

**Belvidere Emergency Medical Services**

234 Paul Street Belvidere , New Jersey 07823

908-763-5362

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Dear Belvidere Emergency Medical Services Applicant,

Thank you for your interest in assisting our community. You will find here the documents necessary to submit an application for membership. Please read all the documents carefully, complete the application and return to the below address.

Upon receipt of your completed application, the Belvidere Emergency Medical Services [BEMS] Trustees will review your application. Applications MUST be 100% complete. If the application is not 100% complete he/she application will not be reviewed. You may also attach a resume as well. Please enclose the completed documents in a sealed envelope and return to:

Belvidere Emergency Services 234 Paul Street Belvidere, NJ 07823.

If you have any questions please call 908.763.5362 and leave a message for Belvidere Emergency Medical Services who will respond as quickly as possible.

Best regards,  
Belvidere Emergency Medical Services

## **Belvidere Emergency Medical Services**

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### **EXPECTATIONS**

We operate approximately 1,200 calls a year. You are here to provide a service to Belvidere, White Twp and Harmony Twp communities with the utmost respect and professionalism. Our shifts are from 6am to 6pm, Monday-Friday and can change depending on what is needed. As a member of the Belvidere Emergency Medical Services staff you will be expected to be on time and in uniform at the start of shift. Maintain a clean work space while in quarters. Perform Rig checks for both first and second dues. Maintain truck cleanliness inside and out.

### **REQUIREMENTS AT THE TIME OF HIRE**

***Belvidere Emergency Medical Services considers applications for membership without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Belvidere Emergency Medical Services IS A DRUG-FREE ZONE***

A Valid Driver License

Valid AED/CPR Card

Valid NJ-EMT or NREMT certification

ICS 100,200,700

Bloodborne Pathogens (Within 3 months of hire)

Right to Know (Within 3 months of hire)

Hazmat Awareness (Within 3 months of hire)

Be able to lift 100lbs

### **REQUIREMENTS WITHIN 6 MONTHS OF HIRE**

Applicants must have the requirements within 6 months of hire. All applicants who do not follow this procedure will be dismissed.

CEVO, Developmental Disabilities Awareness,

### **PERSONAL INFORMATION**

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

(Last)

(First)

(Middle Initial)

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

(Apt #)

(Street)

\_\_\_\_\_

City

County

State

Zip Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Best Time to Contact: \_\_\_\_ am/pm

Email: \_\_\_\_\_@\_\_\_\_\_

**Personal Information Continued**

Are you either a U.S. Citizen or an alien authorized to work in the U.S.?

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Yes / No

Are you currently or have you ever served in the U.S. Military?

Yes / No

(If so please provide details; Branch, Years of Service, Discharge Status)

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Have you ever been subject to limitation, suspension or termination of your right to practice in a healthcare occupation or voluntarily surrender a healthcare licensure in any state or agency authorizing the legal right to work?

Yes / No

(If so please explain)

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Have you ever been convicted of a criminal offense, misdemeanor or felony?  
(If so please explain including nature of offense, date and disposition of incident)

Yes / No

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Have you any medical conditions and/or mental/physical disabilities or limitations that would impair or restrict you from performing the duties of an emergency care provider?

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Yes / No

(If so, please explain.)

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What is your highest level of education?

( Please check one )

\_\_\_ Masters

\_\_\_ Bachelors

\_\_\_ Associates

\_\_\_ High School Graduate

\_\_\_ Some High School

\_\_\_ Other / Please explain

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Driver's License Valid? Yes / No

Drivers License #: \_\_\_\_\_ State \_\_\_\_\_

Expiration: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Last Moving Violation (If any): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Current Point

Total: \_\_\_\_\_

Have you been involved in a motor vehicle accident in the past three years?

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Yes / No

(If so please explain)

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**CERTIFICATIONS**

Please place a check next to the certifications you have and please attach the following copies of valid certification to this application.

( Provide a copy of each with submitted application )

\_\_\_ EMT Expiration: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ CPR Expiration: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ CEVO or EVOC

\_\_\_ ICS 100 Expiration

\_\_\_ ICS 200 Expiration

\_\_\_ NIMS 700 Expiration

\_\_\_ NIMS 800

\_\_\_ Developmental Disabilities

Additional Certifications/Training: (Vehicle Extrication, PHTLS, PEARS,.....ect)

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If necessary, are you committed to devoting the time to complete required training?

Yes / No

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Are you committed to maintaining your certifications, as well as fulfilling the obligations required of you for duty?

Yes / No

Are you, or have you ever been, part of another organization that provides emergency services?

Yes / No

( If so please provide details such as; name of the organization, position held, years of service and reason for joining/leaving. )

\*Please list on the next page\*

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May we contact the above organization(s) as a reference?

Yes / No

**Employment History**

List employment history below beginning with the most recent/current employer first. Feel free to include summer or temporary jobs. Be sure all your experience or employers related to the position are listed in the summary following this section or on an extra sheet of paper if necessary.

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1.) Employer / Company Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ Hourly / Annual

Duties: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this your current employer?

Yes / No ( If "No" Reason for leaving: )

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer as a reference?

Yes / No

2.) Employer / Company Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ Hourly / Annual

Duties:

\_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this your current employer?



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Yes / No ( If "No" Reason for leaving: )

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May we contact this employer as a reference?

Yes / No

3.) Employer / Company Name:

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Address:

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Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ Hourly / Annual

Duties:

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Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this your current employer?

Yes / No ( If "No" Reason for leaving: )

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May we contact this employer as a reference?

Yes / No

**REFERENCES**

Please provide three (3) non-related references over the age of eighteen (18), that you have known for five (5) or more years, that we may contact.

(Please Use Next Page)

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1.) Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

2.) Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

3.) Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contacts**

Please provide your emergency contact information below:

1.) Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Best time to Contact: \_\_\_\_\_

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Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Best time to Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

**Availability**

What Days (6am to 6pm) are you available?

Days 6a-6p (Circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

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When are you available to start? :

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**Signature Authorization**

By signing below and submitting this application for review, I allow the organization to contact the provided references. I understand that falsification of any fact on this application may be just cause for immediate refusal of acceptance or dismissal from the organization once such information has been made known.

I allow the squad, it's insurance company representative or any law enforcement agency deemed appropriate, to perform a criminal and/or driving background check on me. I release my employer(s) to share my employment information with the Belvidere Emergency Medical Services.

If accepted, I agree to fully abide by the bylaws and standard operating procedures of the organization. Furthermore, to be available for duty as described in the Belvidere Emergency Medical Services, to make every effort to attend all business meetings and training sessions to complete courses required by the State of New Jersey and the Belvidere Emergency Medical Services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_