

*Mansfield Township Ambulance Squad*  
*41 Fieldcrest Drive*  
*Columbus, NJ 08022*  
*Office (609) 298-3392 Fax (609) 298-3328*

TO: Applicants Career Positions  
FROM: Richard Archer, EMS Chief  
SUBJECT: Employment Application

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Thank you for expressing an interest in the Mansfield Township Ambulance Corps.

The Mansfield Township Ambulance Corps., provides Emergency Medical to Mansfield Township.

Candidates for employment must meet the following criteria:

1. At least 21 years of age;
2. Graduation from High School (G.E.D. accepted);
3. A valid New Jersey Driver's License (must have been licensed for at least three continuous years prior to the date of application);
4. A current professional rescuer level CPR certification or equivalent, as recognized by the New Jersey Department of Health of Senior Services – Office of Emergency Medical Services;
5. A current New Jersey Emergency Medical Technician – Basic certification or equivalent, as recognized by the New Jersey Department of Health & Senior Services – Office of Emergency Medical Services (must have been certified for at least two continuous years prior to date of application);
6. Completion of the New Jersey Department of Law & Public Safety – Incident Command System I-200 program.

Candidates will have to:

7. Successfully complete a written application;
8. Successfully complete an oral interview;
9. Successfully complete a background investigation; and
10. Successfully complete a physical examination by our doctor that states the candidate is able to perform the duties of an EMT-Basic as defined in the U.S. National Highway Traffic Safety Administration's 1995 release of the EMT-Basic, National Standard Curriculum.

Preferences will be given to those individuals who are active volunteers (must meet monthly Duty Crew requirements) with the Mansfield Township Ambulance Corps., for the six-month period prior to the date of application **and** date of hire.

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**EMPLOYMENT APPLICATION**

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

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Dates	Address	City	State	Zip
- Present				

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**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 Services or Fire Services Affiliations**

Dates	Agency	City	State	Phone

As an applicant for a position with the Mansfield Township Ambulance Corps., 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 Mansfield Township Ambulance Corps., later discovers that information on this form was incomplete, untrue, or inaccurate.

I give Mansfield Township Ambulance Corps., the right to investigate the information I have provided and to talk with former employers. I give Mansfield Township Ambulance Corps., the right to secure additional job-related information about me. I release the Mansfield Township Ambulance Corps., and its representative's from all liability for seeking such information.

I understand that Mansfield Township Ambulance Corps., is an Equal Opportunity Employer and does not discriminate in its hiring practices. I understand that Mansfield Township Ambulance Corps., 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 Mansfield Township Ambulance Corps., may terminate me at any time in accordance with established policies and procedures. No representative(s) of Mansfield Township Ambulance Corps., 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 LICENSE