

# Florham Park Memorial

## First Aid Squad

60 Felch Road,  
Florham Park N NJ 07932  
Office: (973) 377-4226

### EMPLOYMENT APPLICATION

#### PERSONAL INFORMATION:

Last Name	<input type="text"/>	First Name	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Work Phone:	<input type="text"/>	Social Security Number	<input type="text"/>

Are you a citizen or legal resident of the United States?  YES  NO

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

Date of Birth :

Have you ever plead guilty or been found guilty of a crime, disorderly persons offense, or a municipal ordinance involving moral turpitude?  YES  NO

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

**\*\*Employment is conditional upon the results of a criminal background check\*\***

#### DRIVER'S LICENSE:

State	<input type="text"/>	Number:	<input type="text"/>	Expiration Date:	<input type="text"/>
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Has your driver's license ever been revoked?  YES  NO

If you answered yes, please explain:

#### EMPLOYMENT HISTORY:

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 in "layoff" status and subject to recall? YES /NO:

Date you can start:

Please list your last four places of employment (starting with your current employer)--No P.O. Boxes

Date of Hire	Business	Address	City	State	Job Title	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**RESIDENCE:**

Please list your last three places of residence (starting with your current address)--No P.O. Boxes

Date	Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EDUCATIONAL BACKGROUND:**

Please list your educational background:

Date	Degree of Diploma	Institution	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EMERGENCY MEDICAL SERVICE and FIRE SERVICE AFFILIATIONS:**

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

Date	Agency	City	State	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	T	<input type="text"/>	T	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	T	<input type="text"/>	T	<input type="text"/>	<input type="text"/>	<input type="text"/>

**REFERENCES:**

Please list three references that we may contact:

Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

As an applicant for the position with the Florham Park First Aid 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 Florham Park Memorial First Aid Squad discovers that information on this form was incomplete, untrue or inaccurate.

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

I understand that Florham Park Memorial First Aid Squad is an Equal Opportunity Employer and does not discriminate in its hiring practices. I understand that Florham Park Memorial First Aid 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 Florham Park Memorial First Aid Squad may terminate my employment at any time in accordance with established policies and procedures. No representative(s) of Florham Park Memorial First Aid 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 complete a background and criminal check.

Signature:  Date: